C+D

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21 February 2009

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Beat the recession

See page 38

CREDIT CRUNCH SURVIVAL GUIDE

Businesses turn to overdrafts to survive Cat M crisis

CAT M DOSSIER

Bank evidence points to pharmacies in "significant financial difficulty"

Zoe Smeaton

Large numbers of pharmacists have been forced to take out expensive overdraft facilities to survive category M clawbacks.

Those worst hit have even remortgaged pharmacy buildings or their homes, according to fresh evidence flooding into C+D's Cat M Dossier campaign.

The Independent Pharmacy Federation told C+D that one leading bank had conducted a small survey, looking at 30 randomly selected pharmacy customers. This time last year, 13 of those were using their overdrafts, but none were near their limits. But this year 24 are either using their overdraft significantly, or have exceeded their limit.

One pharmacy, which had previously had an overdraft limit of £200,000, is now more than £600,000 overdrawn. And the bank felt that 10 of the 24 pharmacies were "in significant financial difficulty".

The news adds weight to C+D's campaign to present hard evidence of the problems caused by category M fluctuations to the government.

The campaign follows remarks from ex-pharmacy minister Dawn Primarolo, who said the Department of Health was "not aware of any pharmacy that is having problems because of the payment flow from the NHS".

Umesh Modi, a specialist pharmacy financial advisor at Silver Levene, said there was "no doubt" that pharmacies had increased their overdraft use in the last year.

Some clients were being charged as much as 7 per cent interest on these facilities, he warned. And he said in some cases overdrafts were so large that "clients have been asked to convert their overdrafts into loans", incurring a loan arrangement fee.

Contractors said the government must start paying pharmacies within one month to ease the problems.

Running on empty: overdrafts are the only way some pharmacies are surviving

How have you been hit by Cat M cuts?
zsmeaton@cmpmedica.com

Your views...

"I can think of no other profession whereby the customer dictates to the provider how much they are going to pay for a product three months after it has been purchased."
David Croucher, Niton Pharmacy, Isle of Wight

"All community pharmacies' cash flow issues can be simply sorted if the government paid community pharmacy within 30 days. Exactly what the government is asking everyone else to do!"
Karen O'Brien, owns five community pharmacies in south Devon

"I have had to remortgage my house to ensure the business does not run out of cash. It makes me feel like leaving the profession, and I am considering selling the businesses and buying property."
Contractor, owns six pharmacies in the north of England

PSNC chief: Cat M case already been made


Sue Sharpe: PSNC and DH working on new cost inquiry

Future pharmacy funding will be negotiated on the basis of the new cost inquiry, PSNC's chief executive has said.

Sue Sharpe said the campaigning case had "already been made" to the DH and that the campaign would not help. She told C+D: "There is no doubt that the DH was made fully aware of the impact of the cuts on the financial position of contractors during 2008, and the minister responded by increasing funding by £150 million pending a new cost inquiry."

The comments come as the initiative received support from grassroots contractors.

The Cat M Dossier has revealed evidence of contractors suffering ongoing financial problems, despite an injection of extra funding.

Mike Smith, UniChem chairman, said he "wholeheartedly supported" the C+D campaign and urged contractors to respond. **ZS**

Help us to take your case to the Department of Health

C+D needs your help to gather hard evidence of how category M cuts have impacted pharmacy businesses.

Send us your story by emailing haveyoursay@cmpmedica.com or visit our website at www.chemistanddruggist.co.uk for more on how you can get involved.

Almost 100 contractors have responded to C+D's Cat M Dossier so far. Industry groups including Numark, UniChem and Cambrian Alliance have backed the campaign

C+D will present the dossier of evidence to the DH on Monday February 23.

DH to pay sector to supply ability aids

Government to reimburse accredited pharmacies in bid to extend equipment access

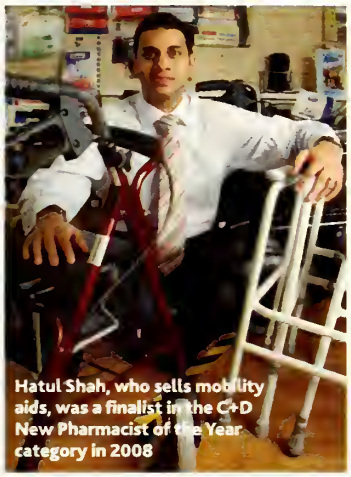
Jennifer Richardson

Community pharmacies could become the first port of call for ability aids in England under government plans.

The Department of Health's Transforming Community Equipment Services programme will see those entitled to state-funded aids for daily living issued with prescriptions for the equipment, including mobility, sensory and bathing apparatus.

And DH project leader Phil Stephens encouraged independent contractors at the Sigma Conference, in Mombasa this week, to become the accredited retailers that will fulfil these prescriptions.

High street availability would help meet the DH's aim to "normalise" use of ability aids, Mr Stephens said. State-funded users are currently provided with equipment directly from local authorities in conjunction with PCTs.



Hatul Shah, who sells mobility aids, was a finalist in the C+D New Pharmacist of the Year category in 2008

Accredited pharmacies would source ability equipment according to a generic specification and be reimbursed according to a national tariff (www.csed.csip.org.uk).

State-funded users would be able to 'top up' their prescriptions, paying the retail price minus the tariff price for more advanced equipment.

Community pharmacies would also increase access for those not entitled to state funding, Mr Stephens added.

The scheme represented a business opportunity for community pharmacies, Mr Stephens said. "Any money you can make from your buying ability is yours.

"And you make your money from the top-ups, additional footfall and additional sales – not only ability, but anything else you might sell."

To find out more about accreditation, visit www.cedonline.org.uk

PCT-private partnership plan labelled 'bribery' by RPSGB

A proposal for a private company to help reduce PCT drug bills that could see GPs securing a share of the resulting profits has been branded "bribery" by the RPSGB.

GP magazine Pulse said Assura, the private health centre operator, planned to take over drug budgets for two PCTs.

The RPSGB branded the plans "irresponsible bribery that potentially places patients at risk". Society director of policy and communication David Pruce said: "Paying doctors to prescribe cheaper drugs is the wrong approach."

Assura played down the reports saying discussions with PCTs were "at an early stage". It confirmed that under its business model GPs would receive a share of profits, but a spokesperson said: "The model we are looking at does not involve paying doctors to prescribe cheaper drugs, it involves working with doctors to ensure the best health outcomes for patients through the management of their medicines."

Mr Pruce said the Society was "disappointed" a private company was being brought in "when so much effort has been put into helping PCTs control their medicines expenditure". He added: "The move to effectively cut pharmacists out of the prescribing conversation for the sake of financial reward is not only morally wrong – it could put the lives of patients at risk."

The Assura spokesperson said: "Assura acknowledges that pharmacy has a critical role to play in medicines management."

Private health centre operator the Assura Group, which runs a national chain of pharmacies, has been in discussion with PCTs about managing their drug budgets

John D'Arcy, interim managing director of Numark, said the move was an extension of what already happened at PCT level with prescribing advisors trying to reduce drug costs. But he warned that if GPs were encouraged to prescribe branded generics it would "adversely affect pharmacists". **ZS**

What do you think of Assura's plans?
zsmeaton@cmpmedica.com

News in brief

Sertraline tops analysis

Sertraline may be the most favourable first-line option for moderate to severe major depression. A meta-analysis of 117 randomised controlled trials, in The Lancet, investigated the efficacy and acceptability of 12 new-generation antidepressants.
http://tinyurl.com/b7c8sa

Cole to take BAPW chair

David Cole is set to take over as chairman of the BAPW at its annual general meeting this summer, C+D understands. The Phoenix director will replace current head Ian Brownlee, also the managing director of Mawdsleys.

Framework published

The RPSGB has launched the Pharmacy Practice Framework, a booklet that outlines pharmacists' core roles and provides guidance on the duties members of the profession should be able to perform.
http://tinyurl.com/d473nq

Particular effects of salt

The effect of salt on blood pressure is significantly enhanced by the metabolic syndrome. The study in The Lancet, which recruited 1,881 patients, found those with the syndrome were three times more likely to see a blood pressure change of more than 5mmHg during a high or low sodium intake diet.
http://tinyurl.com/b5lynf

Wales welcomes NHS plan

The Welsh Pharmacy Board of the RPSGB has welcomed proposed changes to the NHS structure in Wales. The Welsh Assembly Government proposal aims to simplify NHS services and establish seven integrated bodies.

Cash boosts quit rates

Offering a financial incentive to stop smoking trebles quit rates, a randomised controlled study of 878 NHS patients has found. Participants offered a total of around $400 for 12 months of abstinence were significantly more likely to have stopped smoking at one year compared with those who were only offered information.
http://content.nejm.org

News in brief

UniChem price change

UniChem has now implemented the new PPRS trade prices on all products. The wholesaler had been using old PPRS prices on 36 products after failing to negotiate a reimbursement deal with one supplier.
www.chemistanddruggist.co.uk

EPS update

Connecting for Health has identified possible pharmacies for EPS 2 pilots. The government agency said these would be finalised just before going live, once the availability of compliant systems had been confirmed.

NPA queries supply deals

The NPA is investigating the impact of manufacturer-led supply deals on stock availability. Members had raised concerns about their ability to meet patient demands as a result of the changes to distribution, NPA chairman Paul Bennett told this week's Sigma Conference in Kenya.

Training run begins

Numark pharmacists are set to receive training to help them maximise opportunities from service funding. The scheme will help pharmacists build services and train support staff in adding value for customers and building loyalty.
www.numarkpharmacists.com

Alphega offer

Alphega Pharmacy has launched a new package to provide a 'taster' to independent pharmacists considering membership. For more information, email enquiries@alphega-pharmacy.co.uk

C+D & THE PDA union
Salary Survey 2009

We need you!

Don't miss the chance to take part in the C+D and PDA Union Salary Survey 2009. We want to gather your views on job security, pay and working conditions. Log on to www.chemistanddruggist.co.uk before February 23.

Pharmacy staff highlight management pressures

Clashes with non-pharmacist managers also common, research reveals

Chris Chapman

Pharmacists are facing pressure from an "incapable management with no clue about pharmacy", C+D has discovered.

Nearly three quarters of the profession complained about pressure from management, according to early results of the C+D and PDA Union Salary Survey.

Some respondents reported intimidation and "stupid and petty" comments from employers.

The findings tally closely with early responses to the RPSGB workplace pressures campaign, which has so far received more than 100 replies.

David Pruce, Society director of policy and communications, said many pharmacists had reported "a lack of understanding" with non-pharmacist area managers.

Mr Pruce said one respondent believed managers did not understand a pharmacist's professional responsibility.

"The non-pharmacist area manager failed to appreciate why a pharmacist felt it was unsafe to spend time conducting MURs if they were significantly understaffed," he explained.

Speaking to C+D, a community pharmacist in Nottinghamshire said he had experienced similar problems. He stated: "I've had problems with immediate managers and people in positions above me, who may not appreciate the demand and role I undertake as a pharmacist.

"On occasions, it has led to situations where I may be expected to compromise my professional standards. Clearly, that's not acceptable to me."

Mr Pruce said other areas of concern highlighted in the Society's campaign so far included the "sheer bureaucracy around pharmacy" and issues around staffing levels.

Nearly three quarters of the profession have complained about management pressures, early results of the C+D and PDA Union salary survey reveal

The Society intends to hold a seminar in April to discuss the problems raised with stakeholders and will look to develop best-practice guidance to reduce workplace pressures, he added.

• To take part in the C+D and PDA Union Salary Survey 2009 and let us know your experiences, log on to www.chemistanddruggist.co.uk before February 23.

Have you clashed with your manager?
cchapman@cmpmedica.com

Better working conditions needed

Pharmacists must be encouraged to speak up about errors, near misses and mistakes and be given better working conditions to improve medicine safety, an RPSGB report has said.

And improving whole work processes rather than focusing on individual errors is key, according to the report on making Britain a safer place to take medicines.

Particular focus is needed on pharmacists working in error-provoking conditions, such as working long hours, without breaks, with an unacceptably high workload, or working in cramped and under-lit conditions, it said.

Overall, the new professional body should develop a five to 10-year plan for improving medication safety and with firm measures to track progress, the report said.

David Pruce, RPSGB director of policy and communications, said reporting errors – your own and those of others – is easier in an open atmosphere where questions can be raised with the aim of learning.

The Society had looked to achieve this aim by changing the criteria for referring one-off dispensing errors not subject to professional misconduct to its Investigating Committee, he said.

John Murphy, director of the Pharmacists' Defence Association, was sceptical about the report's findings. The recommendations did not stand up to scrutiny when such a huge culture change was needed, he warned.

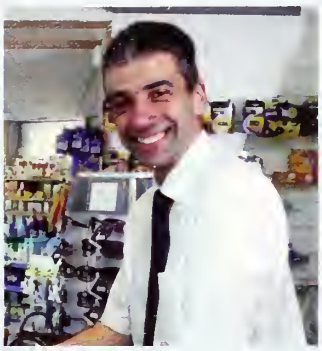
Mr Murphy said: "We've been saying this for four or five years – you see it all the time within large organisations – they're quite happy to say it's the pharmacists' fault."

To see the full report go to www.chemistanddruggist.co.uk. To tie in with the report, the Society has launched an award for high standards of medicines safety. **EW**

How safe is your working environment?
haveyoursay@cmpmedica.com

Dispensary TALK

Have you seen an increase in customers seeking minor ailments advice?



"Yes, we have. Our scheme here has only been running for about 12 months. After the initial flurry, the requests are ongoing, and there has been an increase in the number of referrals from the local GP practice."
Gordon Couper, Handbridge Pharmacy, Chester

"Yes, I definitely have, but then our local surgery has only started participating in the scheme in the past few months."
Amanda Jones, Village Pharmacy, Harlington

WEB VERDICT:

Yes	42%
No	58%

Armchair view: Minor ailments are causing a major split. The majority of respondents report no increase in the number of customers seeking advice, despite the wintery weather.
Next week's question: How many drugs are out of stock at your wholesaler? Vote at www.chemistanddruggist.co.uk

TV show under fire for intolerance tests advice

Watchdog says doctors best as pharmacy test branded "waste of money"

Zoe Smeaton

Industry leaders have reacted angrily to claims from a BBC programme that patients should shun pharmacy advice on food intolerances and consult their doctor instead.

BBC Watchdog was investigating the Kymatika K-Test, which is available in some Superdrug stores and independent pharmacies as a way to help identify foods a patient may have problems with.

The programme's presenter took two tests on the same day, and said each gave her a different result. Watchdog branded the test a "waste of money" and advised patients to visit their doctors.

Beta Buying Group head Shafique Govani said GPs were notorious for not following certain protocols and prescribing guidance. He suggested Watchdog should "look into that" rather than saying everyone should go to their doctor, "as though GPs are the source of all knowledge".

Industry has hit back at BBC Watchdog call for patients to seek GP advice over pharmacy

And Marion Harvey, of Keats Pharmacy in London, which offers the NPA and Allergy UK allergy screening service, believes pharmacy does have a role to play. She said there was "no way" doctors had the time to deal with all allergies.

NPA chief executive John Turk said the association remained "unwavering" in its conviction that community pharmacies were an "ideal setting for allergy screening and testing".

The test manufacturer said it did not accept that test results were unreliable and it did not recommend taking two tests in one day.

NPA eyes PGDs to boost services

Independent pharmacies will be able to deliver more private services if an NPA project bears fruit.

The association is exploring the development of infrastructure to allow it to produce a range of private patient group directions (PGDs), under which it could contract members to provide services not commissioned by the NHS, either generally or locally.

The system would ease the regulatory burden that could act as a barrier to independent contractors using private PGDs, said NPA chairman Paul Bennett, unveiling the project at the Sigma Conference in Kenya this week.

Mr Bennett told C+D: "We'd be really interested to hear from NPA members what types of services would be appealing to their customers locally." Possibilities included weight loss and smoking cessation services, where these were not locally commissioned or could be expanded, he added.

The system would involve the NPA either partnering with an independent medical agency to authorise the private PGDs, or becoming such an agency itself.

The association is also developing a one-stop solution for commissioners to access its chlamydia test and treat service, Mr Bennett told the convention.

Under this scheme, the NPA would become the lead contractor for a PCT and would subcontract the service to individual pharmacies. **JR**

NHSmail system pilots due to roll out

Pharmacy pilots of the NHSmail system are "pending" while current users have service upgrades, Connecting for Health (CfH) said.

The system will allow pharmacists to exchange clinical information via secure email with other healthcare professionals.

The pan-pharmacy NHS IT group had suggested that NHSmail would be rolled out nationally to pharmacies in 2008.

But CfH said: "Preparatory work is ongoing on the pharmacy pilots roll out." It added that three PCTs had started initial tests with 30 pharmacists.

The move comes as pharmacy representatives hit back at criticism over their level of access to electronic patient records.

GP leaders claimed a CfH pilot allowing pharmacy access to the summary care record could threaten patient confidentiality.

Sue Sharpe, PSNC chief executive, responded: "Like all NHS service providers, pharmacies are bound by the NHS Code of Conduct... the suggestion that pharmacists would be able to overwrite the GP record is quite frankly preposterous." **ZS**

Hats off to Xamiol®

Xamiol® is a new and exciting treatment for Scalp Psoriasis. It delivers fast and effective relief – with visible improvement in just two weeks.[1]

Xamiol® has been shown to be well tolerated in both short and long-term studies.[1,2]

Add to this the convenience and cosmetic acceptability[3] of a once-daily innovative gel formulation and it's clear why Xamiol® makes such a positive difference to the lives of people with Scalp Psoriasis.[4]

THE RECOMMENDED TREATMENT PERIOD IS 4 WEEKS. AFTER THIS, REPEATED TREATMENT WITH XAMIOL® GEL CAN BE INITIATED UNDER MEDICAL SUPERVISION.

Xamiol®

calcipotriol / betamethasone dipropionate

Fast and effective relief from Scalp Psoriasis[1]

LEO®

Abbreviated Prescribing Information for Xamiol® 50 microgram/g + 0.5 mg/g gel
Indications: Topical treatment of scalp psoriasis. **Active ingredients:** 50 µg/g calcipotriol (as monohydrate) and 0.5 mg/g betamethasone (as dipropionate). **Dosage and Administration:** Apply to affected areas of scalp once daily. Recommended treatment period is 4 weeks. After this period repeated treatment can be initiated under medical supervision. Usually between 1g and 4g/day is sufficient for treatment. When using calcipotriol containing products the maximum dose should not exceed 15g/day and 100g/week. Treated area should not exceed 30% of body surface. Not recommended for use in people under 18 years. Shake bottle before use. The hair should not be washed immediately after application but should remain on the scalp during the night or day. **Contra-indications:** Hypersensitivity to any constituents. Patients with known calcium metabolism disorders. Viral skin lesions, fungal or bacterial skin infections, parasitic infections, skin manifestations in relation to tuberculosis or syphilis, perioral dermatitis, atrophic skin, striae atrophicae, fragility of skin veins, ichthyosis, acne vulgaris, acne rosacea, rosacea, ulcers and wounds. Guttate, erythrodermic, exfoliative or pustular psoriasis. Severe renal insufficiency or severe hepatic disorders. **Precautions and Warnings:** Avoid concurrent treatment with other steroids on the scalp. Adrenocortical suppression or impact on the metabolic control of diabetes mellitus may occur. Avoid application under occlusive dressings. Efficacy and safety on areas other than the scalp has not been established. Avoid application on large areas of damaged skin or on mucous membranes or skin folds. Skin of the face or genitals should be treated with weaker corticosteroids. Avoid inadvertent transfer to face, mouth and eyes. Wash hands after applying. There may be a risk of generalised pustular psoriasis. With long-term use there is an increased risk of undesirable local and systemic corticosteroid effects in which case treatment should be discontinued. There may be a risk of rebound when discontinuing treatment. No experience of concurrent use with other antipsoriatic products administered systemically or with phototherapy. Physicians are recommended to advise patients to limit or avoid excessive exposure to natural or artificial sunlight. Use with UV radiation only if the physician and patient consider that the potential benefits outweigh the potential risks. Contains butylated hydroxytoluene which may cause local skin reactions or irritation to the eyes and mucous membranes. **Use in Pregnancy and Lactation:** Only use in pregnancy when potential benefit justifies potential risks. Caution when prescribed for women who breast-feed. **Side Effects:** Pruritus. Additional undesirable effects observed for calcipotriol and betamethasone: Calcipotriol: application site reactions, skin irritation, burning and stinging sensation, dry skin, erythema, rash, dermatitis, eczema, psoriasis aggravated, photosensitivity and hypersensitivity reactions including very rare cases of angioedema and facial oedema. Hypercalcaemia or hypercalciuria may appear very rarely. Betamethasone: local reactions, especially during prolonged application including skin atrophy, telangiectasia, striae, folliculitis, hypertrichosis, perioral dermatitis, allergic contact dermatitis, depigmentation, increase of intra-ocular pressure, cataract, colloid milia, generalised pustular psoriasis, infections. Systemic effects occur more frequently when applied under occlusion, on skin folds, to large areas and long term treatment. **Legal Category:** POM. **Product Licence Number and Holder:** 05293/0006. LEO Pharmaceutical Products, Ballerup, Denmark. **Basic NHS Price:** £36.50/60g. **Last revised:** October 2008.

References:
1. Jemec GBE, Ganslandt C, Ortonne J-P, Poulin Y, Burden AD, *et al.* A new scalp formulation of Calcipotriene plus betamethasone compared with its active ingredients and the vehicle in the treatment of scalp psoriasis: a randomized, double-blind, controlled trial. J Am Acad Dermatol 2008;59:455-63.
2. Luger TA, Cambazard F, Larsen FG, Bourcier M Gupta G *et al.* A study of the safety and efficacy of calcipotriol and betamethasone dipropionate scalp formulation in the long-term management of scalp psoriasis. Dermatol 2008;217:321-328.
3. LEO Data on File MBL0503 acceptability data.
4. LEO Data on File MBL0503 QoL data.

L E O

Further information can be found in the Summary of Product Characteristics or from: LEO Pharma, Longwick Road, Princes Risborough, Buckinghamshire, HP27 9RR.
® Registered Trademark.
e-mail: Xamiol.UKenquiries@leo-pharma.com

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Drug Safety at LEO Pharma by calling 01844 347333.

Date of preparation: November 2008. 2008/10030

For more on C+D's Cat M Dossier campaign:
www.chemistanddruggist.co.uk

News in brief

NHS too crude

The NHS needs to take a "more sophisticated" approach to cardiovascular disease prevention, a report from the Social Market Foundation think-tank has warned. More work on identifying those at risk and appropriate interventions for those on the path to ill health is needed to cut rates of cardiovascular disease, the report concluded.
www.smf.co.uk

Student union

The BPSA is holding its 67th annual conference at Liverpool John Moore's University School of Pharmacy and Biomolecular Sciences on April 11-18. Attendees will have a week-long programme of debates, workshop sessions and speakers, culminating on Friday with the annual ball.
www.conference.bpsa.co.uk

Yellow Card numbers up

Patient reporting of adverse reactions through the Yellow Card scheme has increased by 50 per cent, the MHRA has stated. The news comes one year after including patient reporting as a recognised part of the scheme. A total of 25,000 Yellow Card reports were submitted last year.

It's not all in the genes

Nurture is just as important as nature when it comes to maintaining a healthy heart and blood pressure, according to a Blood Pressure Association booklet aimed at the South Asian community. The document encourages people to make positive lifestyle choices to protect against health problems.
www.bpassoc.org.uk

Numark appoints chair

Phoenix chief Paul Smith has taken over as chairman of Numark. Mr Smith replaces David Cole, who has been chairman since 2005, and stepped down at the beginning of this month as part of the planned handover.
www.chemistanddruggist.co.uk

Mixes had enough of human error...
See page 46

MHRA warns of dosing errors in immune drugs

Astellas alters packaging on Prograf and Advagraf in response

Emma Wilkinson

Drug regulators have warned pharmacy staff over potential dispensing errors when supplying two formulations of an immunosuppressant drug.

The Medicines and Healthcare products Regulatory Agency (MHRA) said serious adverse reactions had been caused by dosing errors associated with Prograf and Advagraf.

Both contain tacrolimus but are not interchangeable, the MHRA warned, and errors have led to biopsy confirmed acute rejection of transplanted organs in a few serious cases.

As of the end of 2008, medication errors had been reported in seven EU countries, most of which occurred in the UK and 41 incidents were related to dispensing and six to prescribing, the MHRA said.

In response to the reports, Astellas Pharma has temporarily altered the packaging on Advagraf – a once daily treatment – to include a larger font.

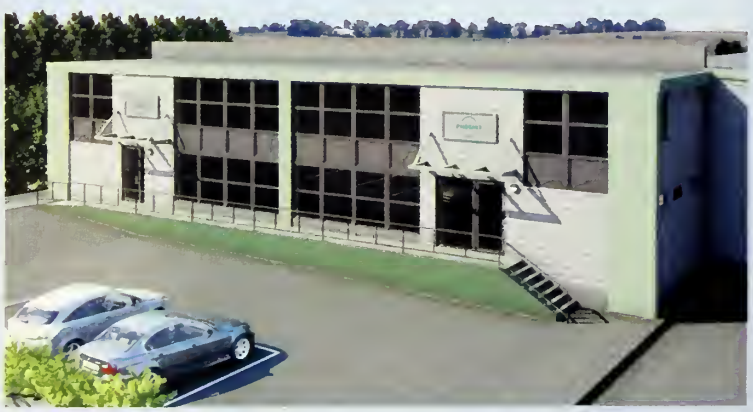
Medication errors have been reported in seven European countries

Further changes to the labelling are expected to come into effect in April. An MHRA spokesperson said: "Prograf and Advagraf are not interchangeable without careful therapeutic monitoring. Substitution should be made only under the close supervision of a transplant specialist. Particular care should be taken in prescribing and dispensing the correct brand of tacrolimus."

John Murphy, director of the Pharmacists' Defence Association, said unfortunately it would be the pharmacist who dispensed the product who would take the blame for errors, even when other factors were involved.

"There's an awful lot of work that needs to be done on packaging – this is a classic example of where it can go wrong."

Phoenix has opened a depot in the south east to meet growing demand in the area. The Swanley based depot will serve pharmacies across London and South East England. It comes with the creation of 20 new jobs in the area – a figure set to double as the customer base expands, the wholesaler said. The company now has 15 depots supporting its wholesaling network across the UK. Meanwhile, Phoenix has stuck by its fuel levy after rival wholesalers scrapped similar fees last week. Phoenix said the surcharge remained under constant review. AAH joined UniChem in reducing its monthly levy to zero from March



Women shun pre-pregnancy tips

Most women do not follow nutrition and lifestyle advice prior to getting pregnant, even when apparently planning for a child, UK research suggests.

A study of 12,500 women aged 20 to 34 found little difference in drinking and smoking and diet in those who got pregnant within three months of being surveyed.

And those who got pregnant were only marginally more likely to be following advice on folic acid supplements, the University of Southampton team reported in the British Medical Journal.

In fact, only seven of the 238 women who became pregnant (2.6 per cent) within three months were taking the recommended daily dose of 400µg folic acid and drinking no more than four units of alcohol per week, compared with 0.66 per cent of those who did not become pregnant.

Study leader professor Hazel Inskip said there was substantial evidence of the impact of a woman's health around conception on the health of her baby. "Wider publicity for pre-pregnancy recommendations would be of great benefit," she added. **EW**

ASCENSIA® MICROFILL® TEST STRIPS

CONTOUR® TEST STRIPS

Ascensia MICROFILL test strips are now called CONTOUR test strips

We're making things simple. From January 2009, Ascensia MICROFILL test strips will be renamed CONTOUR test strips to match the name of the CONTOUR meter. Only the name is changing – the strips will remain the same and the PIP code will still be 304-0276.

If you receive a prescription for Ascensia MICROFILL test strips, you can dispense either Ascensia MICROFILL or CONTOUR test strips to begin with, but you'll need to remind your customers to get their prescription changed as soon as possible.

Please note; from January 2009 Ascensia® MICROLET® lancets will be known as simply MICROLET lancets. You will still be able to fulfil your customer's prescriptions for these in the same way, but please advise them to get their prescriptions changed to MICROLET lancets. The PIP code will remain 280-0043 for a pack of 100, and 280-0050 for a pack of 200

simplewins

CDMG 01/09

In the line of fire

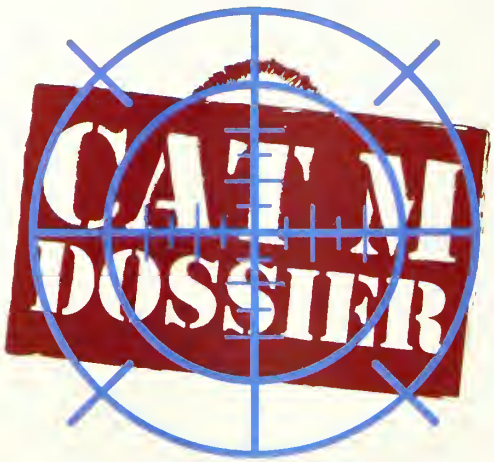
Last week contractors were quick to blame health minister Dawn Primarolo and pharmacy chiefs for the DH's apparent ignorance of the category M crisis. As fresh evidence of clawback devastation floods in, **Zoe Smeaton** catches up with those in the firing line

Sue Sharpe and fellow PSNC chiefs are "well aware" of the troubles pharmacy businesses have been facing. The chief executive admits that the category M price cuts of October 2007 led to "a massive reduction in income", and says the committee has no difficulty knowing the problems this has caused. "PSNC members are contractors," she points out.

So if PSNC knows about the problems, why did ex-pharmacy minister Dawn Primarolo tell Parliament that the Department of Health (DH) was "not aware of any pharmacy that is having problems because of payment flow from the NHS"? Mrs Sharpe responds that the minister may have been referring to other issues, such as payment timings, rather than to the impact of category M prices. She says there is "no doubt" that the DH is aware of the problems caused by the clawback.

C+D has looked to clarify Ms Primarolo's comments with the DH, but without success.

Even if, as PSNC suggests, the ex-pharmacy minister was referring to issues other than



category M in her remarks, she is still wide of the mark. Contractors have told C+D that payment timings have a detrimental impact on their businesses. Mike Hewitson, of Beaminster Pharmacy in Dorset, says he often has to pay his supplier a month before he is reimbursed by the DH. He has had to use service fees to cover his bills and cancel spends on infrastructure improvement.

And David Croucher, of Niton Pharmacy on the Isle of Wight, says he can think of no other profession in which customers are able to pay for products three months after the purchase. He adds: "We must be mugs to accept things when we hear that PSNC says it has done a "good" deal for us – better than what, I dread to think!"

Mrs Sharpe says though that PSNC's success in highlighting the issues has been evidenced "by the minister's decision, at a time of great economic gloom and budgetary pressure, to increase funding by £150 million per annum pending a new cost inquiry". Mrs Sharpe calls the move "unprecedented", "remarkable" and "very welcome".

While contractors have also welcomed the funding increase, some fear it will not be enough. A bank has this week told the Independent Pharmacy Federation that it does not believe the increased payments will significantly reduce the cash flow problems being faced by some of its pharmacy customers.

Looking to the future, all eyes are on the cost inquiry to be undertaken by PSNC and the DH. Mrs Sharpe says PSNC shares the concerns and aspirations of other contractors, wanting good rewards for services, incentives to improve and contractual arrangements giving them the security to invest.

There is also some good news on category M, as Mrs Sharpe says PSNC feels it is "unlikely" that generics prices will deliver the excess margins that led to the October 2007 price cuts again. However, she cautions: "It is a commodity market and as such price stability cannot be guaranteed." The committee is working to develop "speedier market monitoring", though, and both they and along with the DH "aims to avoid major fluctuations in payment levels where possible", she adds.

Whether the cost of service inquiry, which will not be completed in time to inform 2009-10 funding, will bring the results contractors hope for remains to be seen. But whatever news it brings, those in trouble must hope now that it is not too little, too late.

DH: generous settlement

In the most recent funding negotiations, PSNC expressed "considerable concerns" that pharmacies were now underfunded, the Department of Health has told C+D. The committee said there were a number of factors including that the Department had "robustly maintained the medicine margin through category M adjustments", the DH added. A new cost of service inquiry will inform a future funding base for the contractual framework, but the Department warned this would "certainly not be available to inform funding provisions for 2009-10". Until then the Department said it had agreed "as an act of good faith", a "generous settlement" increasing total funding by £150 million to ensure contractors gain sufficient funding.

NPA and RPSGB step in

John Turk, chief executive at the NPA, said in response to Dawn Primarolo's comments, the association had "put on public record" that erratic clawbacks knocked contractors' confidence to invest in new services. He added: "The peak and trough funding that our members have endured in recent times is completely unacceptable."

Meanwhile, the RPSGB said it had discussed the "unsatisfactory financial position in which pharmacists find themselves" with key MPs at briefing meetings. The Society said it would continue to raise the issue, as it believed it was "something in which Parliament should take an interest".

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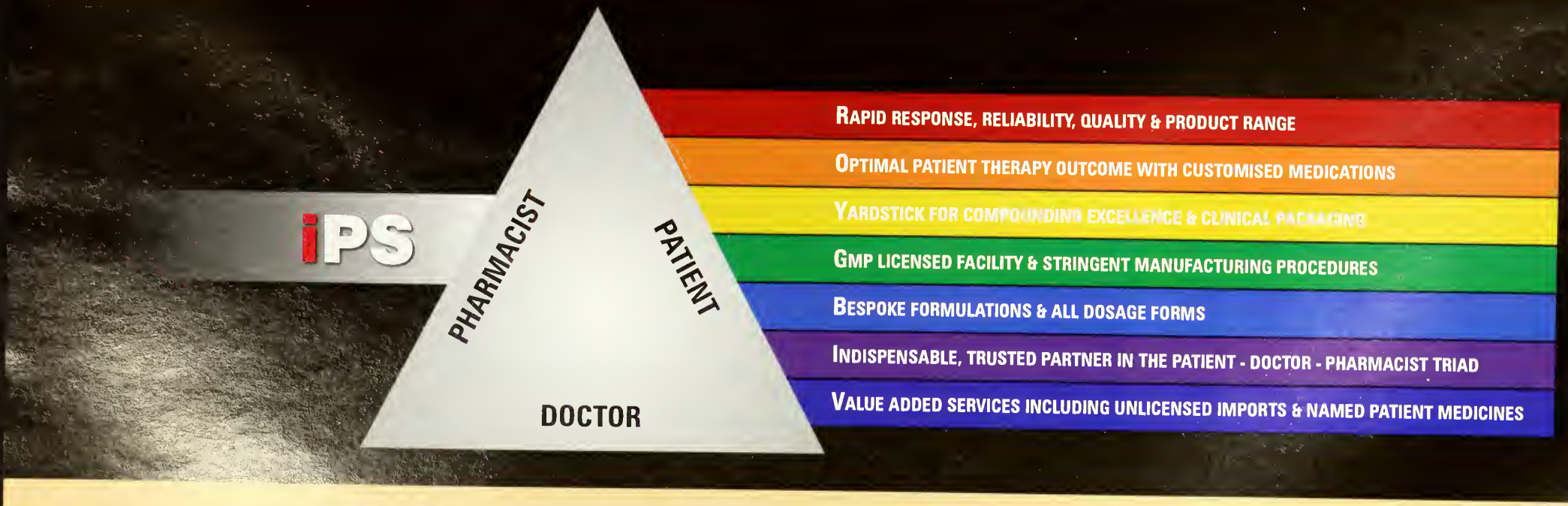

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Compounding Solutions for Pharmacy

Your guide to drug distribution deals

Confused by the different supply deals? **Chris Chapman** explains all in this cut out and keep handy guide

Manufacturer	Suppliers	When	Products affected	Discount	Contact
Astellas	UniChem	Now	Prograf and Advagraf	None – both are zero discount products	01784 419615
AstraZeneca	AAH and UniChem	Now	All products	Set by AZ according to following scale (updated February 10): 12 per cent: Imdur, Half Inderal, Inderal, Oxis, Pulmicort (respules), Rhinocort 8.5 per cent: Alvedon, Bricanyl (turbohaler), Crestor, Diprivan, Entocort caps, Nexium tabs, Plendil 2.5, Pulmicort (all other), Symbicort, Tenif, Tenoret 50, Tenoretic, Tenormin, Zestoretic, Zestril, Zomig (all other) 7 per cent: Avloclor, Bambec, Bricanyl (respules and ampoules), Emla, Hemenevrin caps, Losec, Marcain polyamps, Naropin, Paludrine, Pulmicort (inhaler), Zomig (nasal spray) No discount: all other products Pharmacies may also qualify for a monthly retrospective rebate.	0800 032 0501
Eli Lilly	AAH and Phoenix	Summer 2009	Pending announcement	Pending announcement	01256 315999
GlaxoSmithKline	AAH and UniChem	Now	All POM products	Discounts are not affected	0800 221441
Janssen-Cilag	AAH, Phoenix and UniChem	Now	All products	Set by wholesaler	0800 333001
Napp	AAH, Phoenix and UniChem	Now	All products	Set by wholesaler, some products are zero discount	01223 397297
Novartis	AAH and UniChem	Now	All products	Set by wholesaler	01276 698646
Novo Nordisk	UniChem and Phoenix	March 2	All products	Set by wholesaler, some products are zero discount	0845 600 5055
Pfizer	UniChem	Now	All POM products	Set by Pfizer	0845 608 8866. Supply problems are listed at www.pfizerdtp.co.uk
Roche UK	AAH and UniChem. Some products only available direct from Roche*	Now	All POM products	Set by wholesaler (*Avastin, Copegus, Fuzeon, Herceptin, Mabthera, Mircera, Neorecormon pre-filled syringe, Neorecormon cartridge for reco-pen, Neorecormon multi-dose, Pegasys, Tarceva, Xeloda)	0800 731 5711. If pharmacies have supply problems they should contact Roche direct.
Sanofi Aventis	AAH, Phoenix and UniChem	Now	All products	Set by wholesaler	0800 854430. If pharmacies have supply problems they should contact their wholesaler to arrange direct delivery with Sanofi Aventis.

Information obtained from the PSNC website on 18/2/09

The Care Advanced Gel Footcare Range is an innovation in the care of common foot problems. The 8 products in the range have a uniquely enriched formula and slim design that provide improved comfort and softness as well as being long lasting, washable and reusable. So from blisters and bunions to overlapping toes, you can now offer your customers all the tlc they need for problem-free feet.

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Xrayser What's your view? haveyoursay@cmpmedica.com

Check out the latest checklist

Inside the Journal last week there was a copy of Nice Clinical Guideline 76: Medicines Adherence. This is one of those very useful looking A4 practice checklists that the Royal Pharmaceutical Society issues periodically. I file them religiously, expecting to refer to them at some point, yet never do because they are actually no more useful than granny's instructions on how to suck eggs.

This document should be recommended reading for pre-registration trainees, but any pharmacist who has been practising for at least a year probably knows as much about this subject as Nice itself. No degree course can prepare undergraduates for the idiosyncrasies of the Great British public, but with a few years' experience I consider myself something of an expert.

The only point on the whole sheet that I disagree with is the first one – "33-50 per cent of medicines prescribed for long-term conditions are not taken as recommended". Is that all? Are you sure? I assume that all those prescriptions simply handed over or collected from reception with no recommendations whatsoever are not included in this figure.

It's obvious that "non-adherence falls into two categories". There's the 'I'm not taking that' (because it's the wrong colour/I don't like the doctor/there's nothing wrong with me/it's made in China) group. And there's the 'I'm taking that' (oh no you're not, because it doesn't go in that orifice/you must take it all the time/you've got to remove the dust cap first) group.

> "The doctor told her she needed bed rest 20 years ago, but didn't tell her when to get out"

"Adapt your consultation style to each patient's needs," recommends the document. I learnt this for myself during my pre-reg when, during a particularly eloquent explanation of how thiazide diuretics inhibited sodium reabsorption at the beginning of the distal convoluted tubule, an elderly patient burst into tears and threw her packet of Navidrex at me. But I also learnt that if I blinded other patients with science they were so impressed that they would do whatever I told them.

Compliance is "the extent to which a patient's behaviour matches the prescriber's advice" and this covers a whole spectrum of patient behaviour. An extreme example is the bed-ridden patient who, when asked by the doctor why exactly she remained in bed, replied that another doctor told her she needed bed rest 20 years ago but didn't tell her when to get out.

Many patients are given an 'as directed' prescription without knowing why, yet continue to reorder this item every month because they think they are keeping their GP happy. This must be the most common example of 'concordance'.

"Do not assume that patient information leaflets will meet all patients' needs," we are told. The only patients whose needs are met by PILs are those who are interested in what they are taking, whose eyesight is good enough to read the tiny print, and who are intelligent enough to understand at least half of the words.

Letter of the Law David Reissner

Responsibility could mean facing the bullet

In October this year, the Medicines Act 1968 will be amended. Every pharmacy will have to have a 'responsible pharmacist'. A legal duty will be imposed on each responsible pharmacist (RP) to secure the safe and effective running of the pharmacy business at the premises.

Historically, if something has gone wrong at a pharmacy owned by a company, the Royal Pharmaceutical Society has turned the spotlight on the superintendent pharmacist. However, I predict that when something untoward happens at a company-owned pharmacy after October 1, the responsible pharmacist will be standing between the superintendent pharmacist and the disciplinary bullet.

There's another law that will come into play when the RP regulations are brought into force, and it's not one I studied at law school. It's the law of unintended consequences. There will no longer be a requirement to have a pharmacist on the premises whenever a pharmacy is open for the sale or supply of medicines. Instead, the regulations will allow a pharmacist to be absent for a maximum of two hours a day.

The Society is currently consulting whether there is a need for guidance on the circumstances in which a pharmacist may be absent from a pharmacy. In my view, it would be very difficult to enforce restrictions on absence. For example, if absence is permitted for professional purposes, will this include reading professional journals? Endorsing prescriptions at home? If absence is allowed for domiciliary visits, will the RP be permitted to stop for a sandwich or to do some shopping on the way back to the pharmacy? If so, for how long? How about a snooze?

> "If pharmacists can leave the premises for two hours every day, will 100-hour pharmacies become 86-hour pharmacies?"

In 2005, the control of entry regulations were changed to allow pharmacies that would be open for 100-hours to avoid the necessary or desirable test. Even the Department of Health has implicitly admitted that this change was a mistake. It has enabled pharmacies to open where there was no need for them.

In some cases, there has been a serious impact on existing pharmacies. The biggest deterrent to the opening of a 100-hour pharmacy has been the cost of employing a pharmacist for 100 hours a week. Allowing RPs to be absent for two hours a day is going to turn every 100-hour pharmacy into an 86-hour pharmacy. Be prepared for a flurry of new 100-hour applications to be made before the control of entry regulations are changed again.

David Reissner is a solicitor and head of healthcare at Charles Russell LLP, where he is a partner

What else contains 120 milligrams of paracetamol and 40 years' experience?

Behind every poorly child there's an anxious parent, so your advice has to come with a measure of reassurance too. Calpol can be used to relieve pain and fever from as young as **two months**,* and the name alone tells parents it was [illegible] to look after children. What else has that kind of heritage on its side?

Reassurance begins with Cal.

***Calpol Infant and Sugar-free Infant Suspension Product Information:** **Presentation:** Suspension containing 120 mg Paracetamol per 5 ml **Uses:** Treatment of mild to moderate pain and as an antipyretic. **Dosage:** *Children 1 to under 6 years:* 5–10 ml; Repeat dose every 4 hours if necessary, up to a maximum of 4 doses in 24 hours. *Children 3 months to under 1 year:* 2.5–5 ml; Repeat dose every 4 hours if necessary, up to a maximum of 4 doses in 24 hours. *Infants 2–3 months:* Post-vaccination fever at 2 months: 2.5 ml, and a second dose, if necessary, after 4–6 hours. The same two doses can be given for the treatment of mild to moderate pain and as an antipyretic in infants weighing over 4 kg and not born before 37 weeks. **Contraindications:** Hypersensitivity to paracetamol or other ingredients. **Precautions:** Caution in severe hepatic or renal impairment. Interactions with domperidone, metoclopramide, colestryamine, anticoagulants, alcohol, anticonvulsants and oral contraceptives. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Rarely hypersensitivity including skin rash and blood dyscrasias. Chronic hepatic necrosis and papillary necrosis have been reported. **RRP (ex-VAT):** *100 ml bottle:* £2.30; *200 ml bottle:* £3.79; *12 x 5 ml sachets:* £2.71; *20 x 5 ml sachets (sugar free only):* £4.36. **Legal category:** *200 ml bottle:* P; *100 ml bottle:* GSL; *Sachets:* GSL. **PL holder:** McNeil Products Ltd, Maidenhead, Berkshire, SL6 3UG. **PL numbers:** *Calpol Infant suspension:* 100 ml bottle: 15513/0122; *200 ml bottle & sachets:* 15513/0004. *Calpol Sugar-free Infant Suspension: 100 ml bottle:* 15513/0123; *200 ml bottle & sachets:* 15513/0006 **Date of preparation:** November 2007. *3920.*

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A Practical Approach Ibuprofen in the elderly

Brenda, senior dispensing technician at the Update Pharmacy, brings out Mrs Mary Garvey's regular repeat prescription from the dispensary to hand over to her daughter, Sarah.

"All the usuals again," says Brenda, as she shows Sarah the items and puts them in a bag. "So, how is Mum these days?"

"So, so," Sarah replies. "To be honest, she's going downhill slowly, but what else can you expect at her age – she's pushing 87 you know – and in her condition? She's complaining more and more of having no energy, but that's something that happens with her condition, isn't it? And she's always complaining about something new; the latest is that she's not going to the toilet so often."

"Constipation, you mean?"

"No, she says she's not passing water so much."

"Hmm, that's odd," Brenda says.

"Anyway, while I'm here, can you just take for these ibuprofen tablets I picked up off the shelf?" Sarah says.

"Are they for you?"

"No, they're for Mum. She's got very bad arthritis in her hand, and she says that the painkillers on her prescription don't do much, but these help a bit. I've been picking them up for her from the supermarket for the last couple of weeks."

Brenda looks again at Mrs Garvey's prescription, which is for: aspirin 75mg mane, lisinopril 20mg nocte, furosemide 20mg mane, digoxin 125mcg mane, co-codamol 2 qds prn. She then says: "I'm sorry, but I'm not sure that I should be selling these to you. Can you just hold on for a minute while I check with Mr Spencer?"

Questions

1. From Mrs Garvey's medications, what are her likely medical conditions?
2. What did pharmacist David Spencer do once Brenda had explained the situation to him?
3. Why?

Can you suggest a scenario for Practical Approach? We're offering a £10 Amazon voucher for those we publish. Email ideas to haveyoursay@cmpmedica.com

Answers

1. Hypertension, heart failure, osteoarthritis.
2. He did not sell the ibuprofen to Sarah. He told her he thought that they might be the cause of Mrs Garvey's reduced urine output and that he was contacting her GP to arrange for a blood test.
3. Mrs Garvey may have age-related renal failure, exacerbated by ibuprofen. The risk of NSAID-induced nephrotoxicity may be increased by furosemide, and its diuretic effect may be antagonised by the NSAID. The dose of digoxin might need to be adjusted in the presence of reduced renal function. Lisinopril might be causing hyperkalaemia, predisposing Mrs Garvey to digoxin toxicity. A blood test is necessary to assess renal function and monitor potassium level.

This article can help in the following CPD competencies: **G1a, G1c, G1d, G1e, C1b, C1c, C3b.** See http://tinyurl.com/68ox7b

C+D's A Practical Approach is supported by APOTEX UK LTD

With PCTs being forced to address their commissioning failings, the CCA's **Georgina Craig** looks at what pharmacy can do to partner effectively with them

World class commissioning: your 5-step guide to success

The times are changing for NHS commissioners. This month sees the publication of the results of PCTs' first commissioning assurance scores and the word on the street is that few PCTs are delivering a world class performance. But where there is room for improvement, there are opportunities for those who can deliver to shine, and that is something that community pharmacy can help PCTs to do.

Undertaken for the first time last year, commissioning assurance has proved a daunting experience for PCTs, with most identifying clear gaps in their portfolios and competence.

The commissioning assurance framework measures PCTs' commissioning performance in three key areas: outcomes, competencies and governance. The review process started last autumn, culminating in rigorous 'panel days' in November when the PCT board met with a panel of experts representing the strategic health authority (SHA) to go through a portfolio of evidence and be assessed against its peers.

The introduction of the assurance process marks a wider cultural change in the NHS, with greater focus on the longer term and delivery of health outcomes. The assurance process aims to foster this longer term thinking by demanding that PCTs prove they are working towards a five-year vision, alongside delivery of annual plans and targets. It also demands a focus on reducing health inequalities and improving life expectancy, ie concrete health outcomes. It enables bench marking of PCT performance so they can be ranked and compared, and it recognises PCTs are on a continuum of improvement and that progress along the continuum matters more than where you started and where you finish.

If the assurance process delivers, we should see big changes in PCT behaviour and many of the frustrations that community pharmacy has with the current system addressed. So it is in pharmacy's interests to engage with and understand how we can help our PCT achieve the highest score it can next year.

[redacted] a great relationship with your PCT? Share how you did it at have.yoursay@cmpmedica.com

Step 1

Read the score card

The first step is to find out what your PCT scored this year. Contact your PCT or go to its website towards the end of February and ask for a copy of its individual assurance report. This will summarise the local priorities, how the PCT fared in demonstrating the 11 world class competencies (which include working in partnership with local providers such as pharmacy), and if it is working effectively to deliver a long-term vision.

Step 2

Help your PCT describe its vision

PCTs need to articulate a vision of the changes they will make to improve outcomes and reduce health inequalities. Make it your goal to ensure community pharmacy is an integral part of that vision. Local pharmacies should work together, ideally through the LPC, to help the PCT paint a picture of primary care where the services that community pharmacy is delivering today (including essential services and MURs), and in the future, are fully integrated with its wider service delivery plans. Future services that need to be factored in include: vascular risk assessment, EPS and repeat dispensing, a directed enhanced minor ailments service, counselling for patients on new medication, and local enhanced services that fit with the PCT's priorities and targets; smoking cessation and sexual health are likely to be important in many areas.

Step 3

Focus on the priority outcomes

This is easier because of the assurance framework. Alongside reductions in health inequalities and improved life expectancy, which everyone must deliver, your PCT has picked up to eight local priorities for improving health outcomes. These are bound to be those that will receive the greatest focus. The target areas must be accompanied by descriptions of what the PCT will do to improve outcomes and the funding to deliver this. Make sure that list includes the pharmacy services that you can deliver.

Step 4

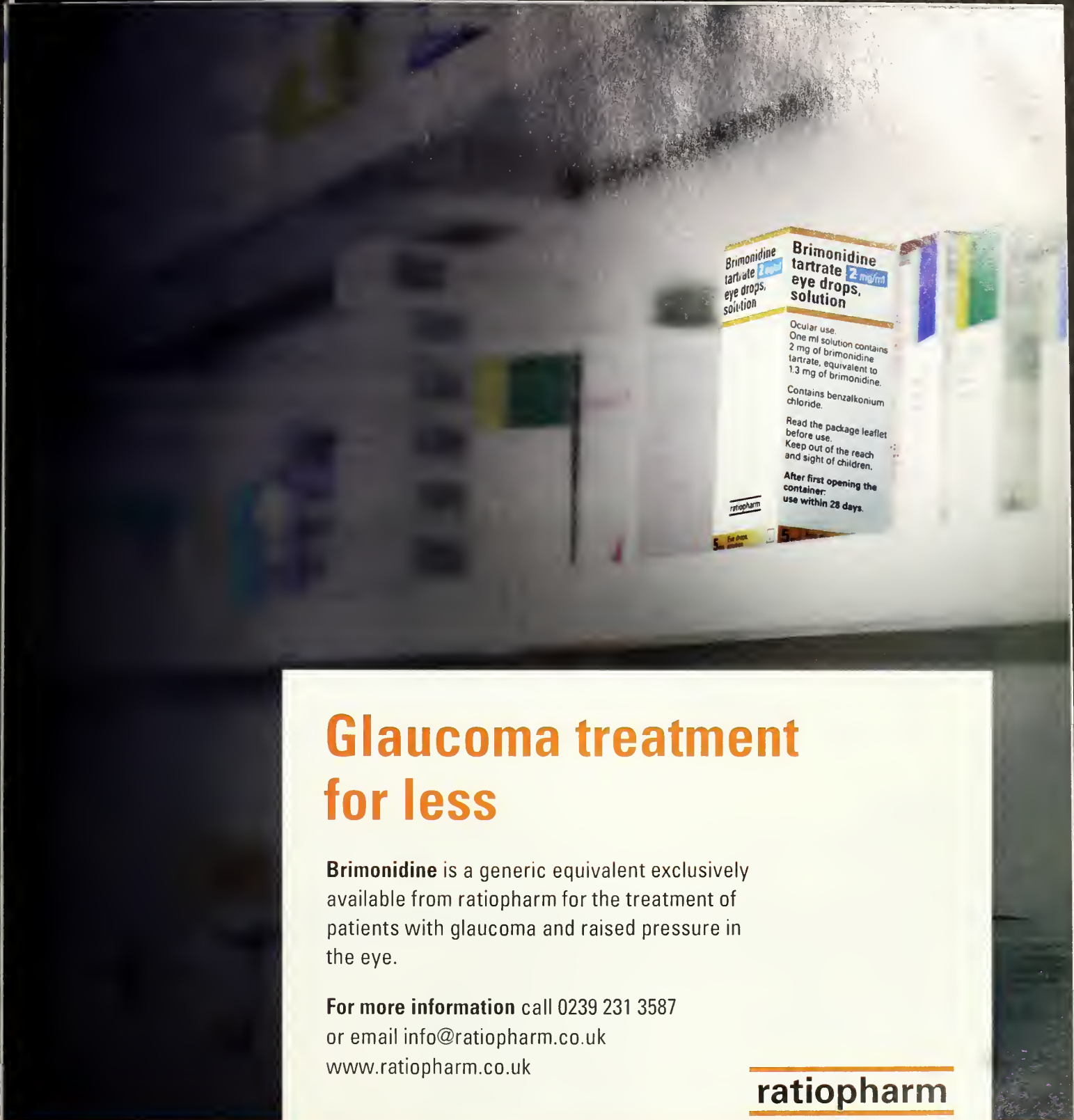
Have a five-year plan and three-year contract

With a five-year time frame for planning and a more strategic focus, the chances of securing a contract that lasts at least three years should be greater now. This would let you make the necessary investment to redesign services – without the fear that funding will dry up. Your LPC needs to negotiate longer contracts and these kinds of assurances with the PCT. Make sure that is what they are advocating on your behalf.

Step 5

Be a perfect partner

Finally, as part of the assurance process, the views of providers matter more than ever. Reputation management and stakeholder engagement are fast becoming important issues for PCTs who want to score well in the assurance process. How your PCT engages with you is part of this picture. Its portfolio demands evidence of effective partnership work with clinicians. The ultimate accolade would be for joint working with local pharmacists to become the chosen exemplar of best practice in its assurance portfolio. Is that feasible in your area? If so, go for it. It will do wonders for your relationship with the PCT.



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Precautions: Children aged 2 years and above (especially 2-7 age range and/or weighing < 20 Kg) should be treated with caution and closely monitored due to the high incidence of somnolence. Caution in treating patients with severe or unstable and uncontrolled cardiovascular disease. Some (12.7%) patients in clinical trials experienced an ocular allergic type reaction with brimonidine (see SPC for details). Discontinue treatment if allergic reaction occurs. Caution in patients with depression, cerebral or coronary insufficiency, Raynaud's phenomenon, orthostatic hypotension or thromboangiitis obliterans. Caution in patients with hepatic or renal impairment. The preservative, benzalkonium chloride, may cause eye irritation. Avoid contact with soft contact lenses. Remove contact lenses prior to application and wait at least 15 minutes before reinsertion. Known to discolour soft contact lenses. **Interactions** There is potential for interactions with CNS depressants (alcohol, barbiturates, opiates, sedatives, or anaesthetics) antihypertensives and/or cardiac glycosides, agonists or antagonists of the adrenergic receptor (isoprenaline and prazosin), medications which can affect the metabolism and uptake of circulating amines e.g. chlorpromazine, methylphenidate, reserpine. See SPC for further information. **Pregnancy and lactation** The safety of use during human pregnancy has not been established. Only use during pregnancy if the potential benefit to the mother outweighs the potential risk to the foetus. It is not known if Brimonidine is excreted in human milk. Brimonidine should not be used by women nursing infants. **Side effects** See SPC for further details of ADRs in neonates and infants (severe overdose symptoms – hence contraindicated) and children (high prevalence of somnolence – hence caution). Very common: headache, drowsiness, ocular irritation, including allergic reactions (hyperaemia, burning and stinging, pruritis, foreign body sensation, conjunctival follicles) blurred vision, oral dryness, fatigue. [illegible] abnormal taste, local irritation, eyelid hyperaemia, blepharitis, conjunctival oedema, [illegible] photophobia, corneal [illegible] blanching, abnormal vision, gastrointestinal symptoms, [illegible] anythias, tinnitus, [illegible] systemic allergic [illegible] very rare syncope, [illegible] hypotension, insomnia. [illegible] drowsiness, blurred and/or abnormal [illegible] ability to drive or operate machinery. See SPC for [illegible] **Legal Category** POM **PL No.** [illegible] **Marketing Authorisation Holder** ratiopharm GmbH, [illegible] **Date of revision of text** 5 December 2008. Refer to Summary of Product Characteristics before prescribing.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to ratiopharm GmbH on 02392 313 592

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C+D Clinical

Hormonal contraceptives

Issues pharmacists need to consider, particularly if the pill becomes universally available off prescription

60-second summary

What would you advise if a woman wanted a pill that stopped her periods altogether?
Continuous oral contraceptive regimens expose women to two additional months of hormones every year, raising concerns about long-term health problems such as thrombosis and breast cancer. This should be weighed against the decreased incidence of dysmenorrhoea and premenstrual syndrome and reduced risk of anaemia.
What are the benefits and risks of drospirenone and desogestrel?
Drospirenone is less likely to cause water retention than other progestogens but can cause hyperkalaemia in women on potassium-sparing drugs. Desogestrel has a wider margin of error (12 hours) than other progestogen-only pills when a dose is missed, but carries a greater risk of thrombosis.

Alan Nathan FRPharmS

The aim of this article is not to reproduce the readily available information in the British National Formulary, but to supplement it with a brief revision of the physiology of the female reproductive system and the mechanisms of action of hormonal contraceptives, together with information of help to pharmacists when advising on the use and choice of products.

CPD

This article (Module 1465) can help in the following CPD competencies: **G1a, G1c, G1d, C1a, C1f.**
See http://tinyurl.com/68ox7b

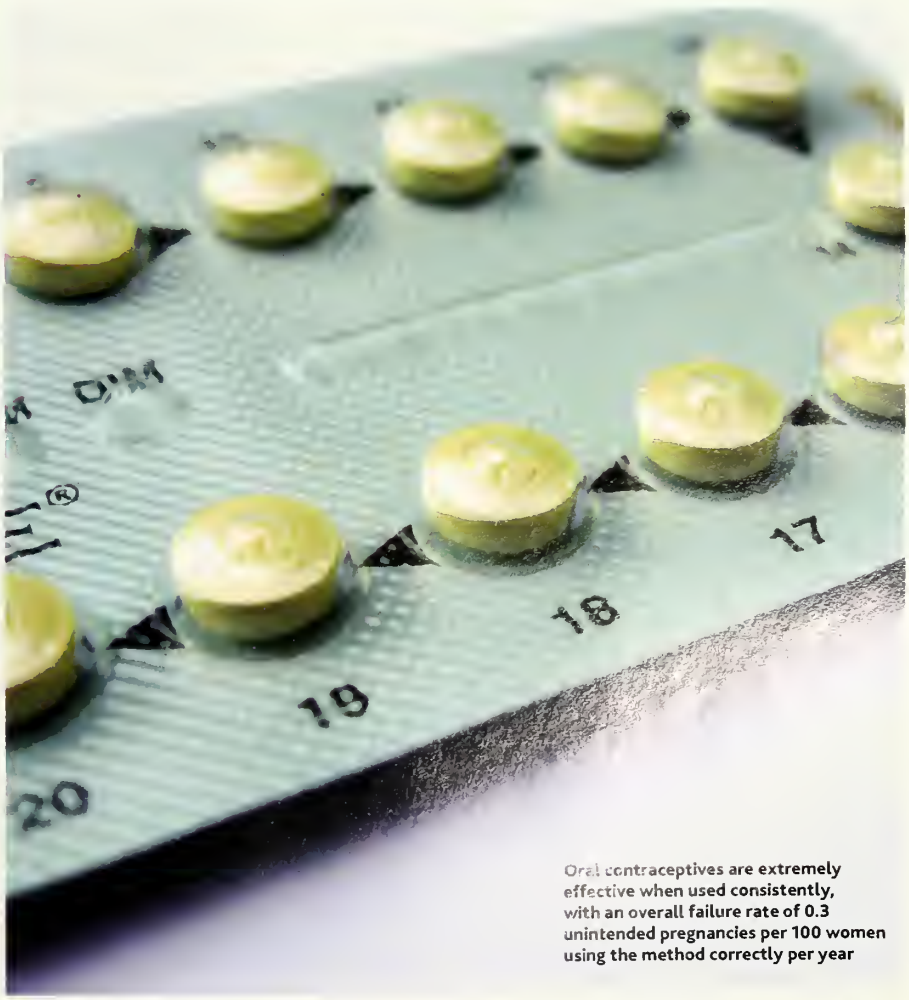
Your Continuing Professional Development CPD

Reflect

How do hormones control the female reproductive system? Which progesterones have minimal androgenic activity? What are the advantages and disadvantages of drospirenone? Who might benefit from extended cycle contraception?

Plan

This article describes how hormonal contraception works and its efficacy. The advantages and disadvantages of drospirenone and desogestrel are discussed as well as those of contraceptive patches and extended cycle contraception.



Oral contraceptives are extremely effective when used consistently, with an overall failure rate of 0.3 unintended pregnancies per 100 women using the method correctly per year

Physiology

During a woman's reproductive years, a monthly cycle of hormonal changes produces an ovum ready for fertilisation and prepares the uterus to implant it for the development of a foetus. If fertilisation does not occur, the hormones responsible for this process decline, causing the uterine lining (endometrium) to be shed ready for the process to begin anew.

The reproductive cycle is controlled by gonadotrophin-producing hormone (GnRH), secreted by the hypothalamus. This, in turn, stimulates the release of follicle-stimulating hormone (FSH) and luteinising hormone (LH) from the anterior pituitary gland. These initiate and stimulate the development of ova within ovarian follicles, and normally one mature ovum is produced each month. FSH and LH also stimulate the ovarian follicles to secrete oestrogens.

These usually control the rate of their own production by negative feedback on the hypothalamus and pituitary to reduce FSH and LH secretion, but at mid-cycle this feedback is reversed (by a poorly understood mechanism) and high estradiol concentrations produce an LH surge, causing a mature follicle to rupture and release its ovum. The remnant of the follicle becomes a corpus luteum that produces more oestrogen and also progesterone, together preparing the endometrium for the implantation of a fertilised ovum. If fertilisation does not occur, oestrogen and progesterone levels decline, stimulating the production of prostaglandins and causing arterioles in the uterine wall to constrict. As a result, the epithelial cells of the endometrium are deprived of oxygen and die, and at the end of the menstrual cycle these, with accompanying blood, tissue fluid and mucus, are shed as menstrual fluid.

Mechanism of action

Hormonal contraceptives contain either a combination of an oestrogen with a progestogen (combined oral contraceptives – COCs), or a progestogen only (progestogen-only pills – POPs).

The oestrogen in all COCs except one is ethinylestradiol; mestranol is used in the other (Norinyl-1). Both are synthetic drugs with actions similar to those of estradiol, the most active of the naturally occurring oestrogens. Mestranol is a synthetic prodrug that is rapidly metabolised to ethinylestradiol and has similar actions. The oestrogen component contributes to the action of COCs by:

- uprating progesterone receptors and enhancing their sensitivity to the progestogen.
- contributing to the negative feedback on the hypothalamus and pituitary.

Progestogens are synthetic 19-nortestosterone derivatives. Norethisterone was one of the first to be developed, but it is less potent than those developed later. Levonorgestrel is a second-generation compound; it is more potent than norethisterone but both have androgenic activity, which contributes to acne and hirsutism and reduces HDL cholesterol concentrations. Desogestrel, gestodene and norgestimate are third-generation progestogens with minimal androgenic activity. (Oestrogens in COCs also counteract the androgenic effects of progestogens.)

Progestogens contribute to the actions of hormonal contraceptives by:

- suppressing the menstrual cycle by effects on the hypothalamus and pituitary gland
- rendering cervical mucus inhospitable to sperm.

All the above progestogens are used in COCs, and all but norgestimate in POPs. Etynodiol diacetate, a first-generation compound, is used in one POP (Femulen).

From missed doses to drug interactions, pharmacists have a key role in supplementing GPs' advice to women taking hormonal contraception

Other issues

Efficacy

Oral contraceptives (OCs) are extremely effective when used consistently. The overall failure rate is only 0.3 unintended pregnancies per 100 women using the method correctly for one year. In actual use, however, the failure rate is around 8 per cent per user year[1], because of missed doses and other factors. Pharmacists therefore have an important role in reinforcing information on effective use, and ensuring that there are no interactions with other medications. Low strength COCs (containing 20 micrograms ethinylestradiol) are as effective as standard strength (30 or 35 micrograms ethinylestradiol), but POPs are less effective.[1, 2]

Drospirenone

Drospirenone is a structural analogue of spironolactone; it has the effects of a progestogen with antimineralocorticoid and anti-androgenic activity and is a constituent of the COC, Yasmin. Drospirenone may decrease the bloating and water retention that commonly occur with COC use. However, it can cause potassium retention leading to hyperkalaemia. This is not likely to be a problem in most women, but those who are concurrently taking potassium-sparing drugs, including diuretics, angiotensin-converting enzyme inhibitors, angiotensin II agonists and also NSAIDs, are at increased risk of hyperkalaemia.

One study found that 17.6 per cent of women taking a drospirenone-containing product were concurrently taking another potassium-sparing drug, and that 40 per cent of those aged 35 years and older were taking an interacting combination.[3] Pharmacists can monitor for interaction between Yasmin and potassium-sparing drugs, and recommend to prescribers that potassium levels are checked. (The Scottish Medicines Consortium has advised that Yasmin is not recommended.)

Desogestrel

There is some evidence that desogestrel (in Cerazette) may inhibit ovulation more effectively than other POPs and produce lower failure rates.[4, 5, 6] The margin of error for a missed dose is 12 hours, compared with three hours for all other POPs, and is

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an option for women who may have difficulty complying with the stricter dosage regimens of POPs. However, there is evidence that Cerazette approximately doubles the risk of thrombo-embolism compared with products that contain levonorgestrel.[7, 8] The preparation is also between three and nine times as expensive as other POPs. (In Scotland, it is advised that Cerazette should be restricted for use in women who cannot tolerate oestrogen-containing contraceptives or in whom these preparations are contraindicated.)

Transdermal COC patch

Evra contains ethinylestradiol with norelgestromin, the primary active metabolite of norgestimate, as the progestogen. One patch is applied weekly for three weeks, followed by a one week patch-free interval.

The possible advantages include:

- improved adherence to the regimen and better efficacy if errors of up to two days are made in dosing
- avoidance of first-pass metabolism of hormones, gastrointestinal enzymatic degradation, and peaks and troughs in drug levels
- easy confirmation of the patch's presence reassures the user of continued protection.

The disadvantages are:

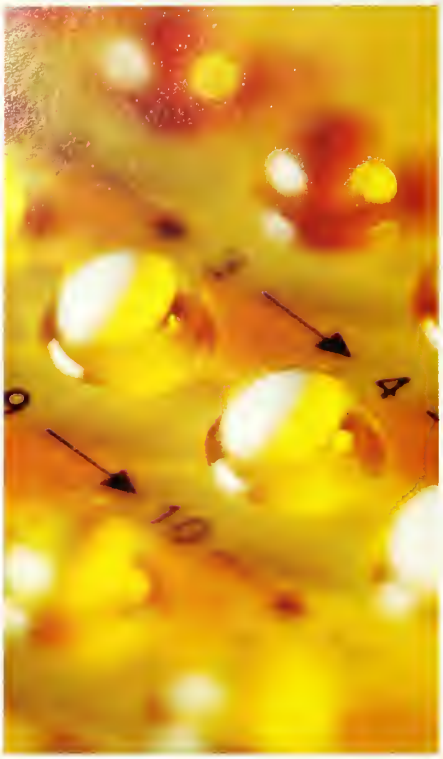
- decreased efficacy in women weighing more than 90kg.[9]
- incidence of dysmenorrhoea and breast discomfort significantly greater compared with a COC, although further analysis of breast discomfort showed this was only significantly greater in the first two cycles[10]
- application site reactions experienced by 20 per cent of users[11]
- about 5 per cent of patches need to be replaced because of complete or partial detachment[11]
- users are exposed to 60 per cent more oestrogen than users of a typical COC containing 35 micrograms oestrogen. They are twice as likely to develop blood clots and are at greater risk of venous thrombo-embolism.[12]

In the US, the Public Citizen Health Research Group has petitioned the Food and Drug Administration (FDA) to withdraw Ortho Evra, the US equivalent of Evra, and in Scotland it is advised that Evra patches should be restricted for use in women who are likely to comply poorly with COCs.

Extended cycle contraception

Extended cycle oral hormonal contraception differs from the standard COC regimen by decreasing or eliminating the hormone-free interval. Consecutive days of hormone therapy may extend to 84 or 365 days. Several extended cycle products are available in the US, but none are marketed in the UK and the regime is achieved by use of consecutive 21 day packs without a break between them.

A US survey found that many women



would prefer to have fewer menstrual periods.[13] Almost half the participants said they would choose never to have a period, while about a quarter said they would choose to continue to have monthly cycles. Another survey found that women would choose extended-cycle products if they were safe, did not affect future fertility and did not increase adverse effects.[14] And in this study, 44 per cent of healthcare professionals (HCPs) believed that menstrual suppression was a good idea. On the other hand, some patients and HCPs expressed concern that decreasing or eliminating the hormone-free interval may be unhealthy and unnatural. Continuous regimens expose women to two additional months of hormone each year and increase lifetime exposure to oestrogen and progestin. Concerns raised included unforeseen adverse effects and long-term health problems such as endometrial hyperplasia, thrombosis, breast cancer and future fertility.

Reasons for preferring an extended cycle product include:

- reduced frequency of menstrual-like bleeding
- less menstrual blood loss and decreased risk of iron-deficiency anaemia
- avoidance of the typical menstrual symptoms experienced during the hormone-free interval, including breast tenderness, headache, bloating and cramping
- improved efficacy in women who forget to restart the pill. Studies have compared extended cycle regimes with traditional 21/28-day cycles to determine whether patients are more compliant with the former. The conclusion is that extended cycles promote compliance and efficacy, as the risk of forgetting to restart the pill after a week-long break is eliminated
- women with dysmenorrhoea, premenstrual syndrome, premenstrual dysphoric disorder or endometriosis prior to starting COCs typically experience exacerbations of these symptoms during the hormone-free interval. Decreasing or discontinuing this interval is likely to reduce or eliminate these and the psychological symptoms typical of hormone withdrawal
- continuous COC regimens appear to be

Your Continuing Professional Development

CPD

Act

- Read Section 7.3 Contraceptives in the BNF for more information on hormonal contraceptive choice, risks and interactions, missed doses and reasons to stop taking the pill immediately. Update your knowledge of the formulations available.
- The Fraser Guidelines for prescribing contraception to women under 16 are outlined on the NHS Clinical Knowledge Summaries website http://tinyurl.com/arkn8w. Consider how you would advise teenagers with questions about the pill.
- More detailed information about missed doses of COCs is available on the Faculty of Family Planning and Reproductive Health Care website http://tinyurl.com/c2ex4o. Print out this leaflet if you think it might be useful when counselling patients.
- The Family Planning Association also has information about contraception on its website, which is particularly aimed at patients: www.fpa.org.uk/information/leaflets. Some of its leaflets may be useful when explaining about contraception and other sexual health matters.
- More details about the risks of hormonal contraception can be found on the Patient UK website at www.patient.co.uk/showdoc/40024512.
- Revise your knowledge of emergency hormonal contraception by reading the C+D Update article, What You Need to Know About EHC (C+D, October 28, 2008, p17). This site can be found at http://tinyurl.com/d6khq6.

Reflect

Do you have a sound knowledge of the different types of hormonal contraception and how they work? Are you familiar with the advantages and disadvantages of the different drugs, formulations and regimes available? Could you advise a patient about a missed dose?

more effective at preventing follicular development and breakthrough ovulation.[13]

The main potential disadvantage of extended cycle regimens is that they are likely to cause unscheduled bleeding or spotting during active hormone therapy, most commonly during the first few months. Women have to weigh the convenience of having fewer cycles of scheduled bleeding per year against the possibility of unscheduled bleeding or spotting in the initial stages.

Alan Nathan FRPharmS is a pharmacy writer and consultant and visiting lecturer at King's College London.

References are online at www.chemistanddruggist.co.uk/update

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Products in brief

Veet's sensitive side

Veet has launched a sensitive variant of In Shower hair removal cream. Enriched with moisturiser complex, says manufacturer Reckitt Benckiser, it contains aloe vera and vitamin E for their soothing properties. The cream is applied to the legs, arms, bikini line or underarm area two minutes before getting in the shower then left on for a further three minutes before cleaning off.
Prices and pip codes:
£6.34/150ml, 343-7951;
£9.99/300ml, 343-7969
Ceuta Healthcare
Tel: 01202 780558

Clarins spruces up

The Clarins range has been extended with a selection of make-up products, including eight sheer shades of Joli Rouge lipstick, Raspberry powder blush and Champagne & bronze shimmer instant light complexion perfector. Some products such as the Ultramarine eye pencil and Eye colour palette are limited editions.
Clarins UK
Tel: 020 7307 6700

Hayfever under pressure

Qu-Chi is a new acupressure band offering hayfever relief. It has a pressure button that stimulates the acupressure point in the crook of the elbow, said to help clear the pathways to the nose and throat. The product is registered with the MHRA as a class 1 medical product.
Price: £12.95
Hotties Thermal Packs Ltd
Tel: 01422 843047

Shantys is multilingual

Compliance aid company Shantys has launched Multilingual Dose Plus labels for use when dispensing. The languages are English, Gujarati, Urdu, Punjabi and Bengali. Labels are presented in rolls of 500 (trade price £4) for morning, noon, evening and night. A free sample can be requested.
Shantys; tel: 020 8595 7836
shanty@shantys.com

Glucose testing in miniature

Lesley Ribbens

The Accu-Chek Aviva Nano is a new blood glucose monitoring system from Roche Diagnostics. Designed to motivate patients to self-manage their diabetes, it is said to resemble a small MP3 player.

The gadget provides meal markers indicating when measurements need to be taken and can provide test averages for seven, 14, 30 and 90 days. It needs a blood sample of 0.6ml and measurement time is five seconds.

A website has been created to provide patients with a virtual experience of the device, says Roche Diagnostics.

Price: £12.99
Pip code: 341-8167
Roche Diagnostics
Tel: 01444 256000
www.accu-chek.co.uk/nano

Consumers vote for Iso-Active

Aquafresh Iso-Active has won the oralcare category in the Product of the Year 2009 awards. Transformed from a gel to an active foam when dispensed from the can, the product claims to provide superior removal of bacteria compared to ordinary toothpaste.

The awards are in their sixth year and past winners have typically seen a 10 to 15 per cent sales rise.

Mona Sheikh, senior brand manager, comments: "We are particularly excited about this award given its credentials and the scale of the consumer vote. Iso-active is next generation technology in oralcare. We have extended the innovation into the Macleans and Sensodyne brands as well as introducing Aquafresh Iso-active Whitening, so we can really see the iso-active range benefiting from this prestigious award."

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Spray on pain relief

Mobigel Paineze spray has been launched by Goldshield. The pharmacy-only product contains 4 per cent diclofenac, the highest concentration available without prescription, says Goldshield. It can be used to treat joint and muscular pain in patients aged 15 years and over. The maximum recommended dose is 15 pumps a day.

A trade and consumer education programme will be supporting the launch.

Price: £6.49/12.5g
Pip code: 343-8769
Ceuta Healthcare
Tel: 01202 780558

RB is onto winners

Reckitt Benckiser has been awarded four accolades in the 2009 Product of the Year Awards, described as the UK's leading survey into consumer product innovation.

Pain reliever Nurofen Express topped the adult health category while the company's E45 Endless Moisture range took the bodycare crown. Completing the winning quartet were Vanish Magnets for stain removal and AirWick Aqua Essences Reed Diffuser in the air freshener category.

Product info:
Reckitt Benckiser
Tel: 01482 326151

Plenty-full

The Bounty range of household towels is being rebranded as Plenty, reports manufacturer 5CA. It follows SCA's acquisition of the brand from Procter & Gamble. The move is being supported by an £8 million promotional campaign to include TV advertising beginning on March 2 and a website.

Product info:
5CA; tel: 01582 677400
www.plenty.co.uk

C+D reader giveaway competition

Congratulations to the winners in the recent Raw Organic C+D reader giveaway. They are: Jo Williamson, Lesley Elliott, Dany Ros, Michael Franks, Lorraine Arndell, Astrid James, Mhairi Young, Jenni Stedman, Christine McIntyre, Jayne Pennington, Andy Hughes, James Turner, Helen Cornish, Sarah Farquhar, Solange Thomas, Emma Jones, Pash Bharania, Kate Verrier, Jo-Anne Richards, Clementina Kyeremateng, Valerie Shaw, Brian Austen, David Christie and Dhimant Patel.

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Cardiovascular disease is the leading cause of death in the UK, and changing lifestyles mean that even more people are set to be affected. But you can help to reduce your patients' and customers' risk of heart disease by encouraging them to lead a healthy lifestyle, through information and support. In fact, UK guidelines recommend lifestyle changes as a core intervention for all patients at risk of heart disease.

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DR MAHENDRA G PATEL, PHARMACIST RESEARCHER AND LECTURER

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Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Stiefel Laboratories (UK) Ltd at adverse.reaction@stiefel.com.
Laboratories (UK) Ltd.
January 2009

Need help surviving the credit crunch?
Turn to p38 for part one of our survival guide

Recession-proof treats

Montagne Jeunesse's beauty range has been extended. The six new variants, all in single sachet format, are Passion Peel Off, Crystal Masque, Fudge Sauna, Blemish Mud, Cherry Tonic and Fruit Smoothie. The range now offers more than 50 'me time' treats.

Montagne Jeunesse says its sales are showing no signs of slowing in the current credit crunch, with 25,000 masques being sold each day in the UK.

Keith Rockhill, sales and marketing director, comments: "Consumers... still want some of life's little luxuries. They don't want the guilt of spending on high cost items, which makes our products very appealing. Our masques give consumers a moment of self-indulgence with a beauty product that has the highest quality natural ingredients with little impact on their wallets."

Price: from 97p
Montagne Jeunesse
Tel: 01639 861550

More from Orgran

The Orgran range [illegible] people following restrictive diets, available from Naturally Good Foods, has been extended with a raft of products. Among the new gluten-free offerings are pasta ready meals, an all purpose pastry mix and crispbites in a range of flavours. The full product range can be found on the website below.
Naturally Good Food Ltd
Tel: 01455 556878
www.orgran.co.uk

For little diners

Mu is a new range of tableware for toddlers available from Babisil. A feeding kit includes a bowl anchor with suction pads, a bendy spoon and a flexible bib, while individual items can be purchased separately. All products are phthalate-free, sterilisable, dishwasher safe and contain no bisphenol A.
PR activity is supporting the launch.
Price: from £2.99
Babisil
Tel: 01282 860046

Crunch busting sunnies

Foster Grant has launched a 'credit crunch beating' range of sunglasses for 2009. Said to be highly affordable, the sunglasses feature lightweight, scratch-resistant lenses providing 100 per cent UVA and UVB protection from the sun.

Designs are drawn from the latest catwalk trends and include the retro look, square shapes, rimless designs and art deco inspired trims. Black and tortoiseshell are the most popular choices of colouration, says FG.

Display stands are available in multi-peg and single arm formats.

Price: up to £20
FGX Europe
Tel: 01782 813000

Brand is thinking inside the box

Glucosamine brand Health Perception has launched a 'credit-crunch busting offer' to help retailers and consumers.

Called 'Shop in a Box', it is a sales solution containing a half-price promotion available exclusively to independent pharmacies that does not affect profit margins.

The preloaded merchandiser contains six packs each of Health Perception's three top selling lines – GlucOsamax Orginal 1,500mg, GlucOsamine 750mg, and GlucOsamine 500mg & Chondroitin 400mg – at half the normal trade price. Further point of sale material, including an A3 poster, booklets and dummy boxes, is available.

The merchandiser can either sit on the counter or slot straight onto the shelf.

Product info:
Ransom, tel: 01274 526360

Retail TALK

Do you take vitamin and mineral supplements yourself?

WEB VERDICT:

Yes: 50%
No: 50%

Off the shelf view: Voters were split straight down the middle this week. But the percentage taking supplements is above the national average of one in three among the general population. You healthy bunch!

This week: Will you be making the most of No Smoking Day on March 11 to boost your smoking cessation sales?
Vote online at www.chemistanddruggist.co.uk/prodnews

Products advertised on TV next week

Anadin LiquiFast: All areas
Calpol Six Plus and Fastmelts: All areas
Canesten: All areas
Cura-Heat Back & Neck Pain: All areas except [illegible]
DulcoEase: A, HTV, CTV, W, M, five, GMTV
Seven Seas JointCare and Cod Liver Oil: [illegible] areas
Voltarol: All areas
PharmaSite for next week: **Lipobind** – [illegible] shows, **Lipobind** – in-store, **Lipobind** – dispensary

A-Anglia, B-Border, C-Central, [illegible] Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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CAREER LADDER

Those who can, teach

What's it like to teach pharmacy alongside a community role? Scott Dalgliesh reveals all to Christopher Chapman

I became a teacher-practitioner after working for Boots for about six or seven years. For a few years I worked as a relief pharmacist, so I gained experience in a range of different stores – from the very large stores to the small community pharmacies.

I always wanted to get back into a training and development role. I applied to cover this position because the teacher-practitioner was going on maternity leave. I was quite fortunate, because permanent teacher-practitioner positions don't come up often.

I typically spend two days a week at the University of Bradford, generally teaching pharmacy practice and pharmacy law in seminars and workshops. These usually involve prescription problem solving with students; they are given prescriptions with legal difficulties and clinical issues, and we work through them as they will be expected to do in practice.

I also work on module administration and leadership with another teacher-practitioner. We update the material based on feedback from students and how we feel it's gone. We write the questions and the cases that we use, and we write the exam and do all the marking at the end of the year.

I can get involved in other classes – it depends on what's happening and what I'm needed to do. The main areas are patient counselling, consultation skills, medicines management and pharmaceutical care.

The rest of the week is spent in the mix of things at Boots. I support the Boots pre-registration programme in my area and run staff training programmes.

I like the variety of my role at university and watching people progress. You see students in their first and second years, then as summer students or pre-regs, and finally just before they go on the register. For me, the best part is working with a range of people, and seeing people move on and be successful.

The pace of life is a little bit different; if you like high pressure and high energy you can get that in a university, but you spend more time thinking of the background and the development of things.

The other thing is that results are less immediately visible. You can do a great job, but you only see it over the course of a year, degree or a pre-reg year.

The challenge is that you need to be quite adept at juggling the different aspects of your role. You need to be good at time management and organisation to make sure you're in the right place at the right time. You also need to be organised in advance to think about exams at the end of the year.

I think the good thing about teacher-practitioners is that we are current. We are pharmacists in practice, so we are in a position not only to give students the current information but also to give them context.

We can give examples of cases we've seen in practice and talk to the students about how the role of community pharmacy has changed. And because we can give them the practical application of what they're being taught, and talk to them about what we've done, they can appreciate the impact.

Becoming a teacher-practitioner

What skills do I need?

- Good experience of the community pharmacy environment. A teacher-practitioner role is not a job for a newly qualified pharmacist; you need an understanding of what goes on at different stages.
- Some kind of postgraduate qualification, or the desire to get one. Most teacher-practitioners have a clinical diploma or are working towards one.

What's the pay like?

You'll probably get paid the equivalent of your seniority within your company/pharmacy.

Any tips to get me started?

- Volunteer for training groups, offer to help out at events and keep up to date with changes in practice.
- Tell your employer you're interested. People aren't psychic, they need to know who wants which role.

Asda pharmacy staff have received an average bonus of £269 each

At Asda...

Asda pharmacists and staff last week shared a record £22 million bonus pot with their store and depot colleagues.

Full-time employees received an average payout of £269, with up to £420 up for grabs for those in stores that out-performed their targets by 20 per cent.

Asda people director Caroline Massingham said: "This record £22m payout is only possible thanks to the continued hard work and dedication of all our store and depot colleagues.

"Once again they have helped us deliver outstanding value to millions of shoppers across the UK."

The annual performance-related bonus scheme was introduced after Asda was acquired by Wal-Mart in 1999.

The size of this year's payout reflected the supermarket's 2008 performance, it said, with results due to be announced as C+D went to press.

And more pharmacists and pharmacy staff will now be able to share in Asda's success after it announced the creation of up to 120 new roles in its pharmacies and optical centres.

The supermarket plans to open 14 new stores and expand 10 existing ones in 2009.

Search for Asda pharmacy jobs at www.chemistanddruggist.co.uk/jobs

CAREER TIP of the week

"Know when to put things in writing. If you think that an issue may blow up at a later date, make sure you leave a paper or email trail that you can refer back to in the future."
From Brilliant Manager, by Nic Peeling
www.chemistanddruggist.co.uk/booksforjobhunters

Do you have a career-related question for C+D?
Email jrichardson@cmpmedica.com and we'll ask the experts

C+D AWARDS 09

Your turn in the spotlight

Championing the very best of community pharmacy, the C+D Awards 2009 celebrates the people and companies who go above and beyond the call of duty when delivering pharmacy services. Whether you are a newly qualified pharmacist or a pharmacy technician, an LPC chief executive or a pre-registration student, this is your chance to be in the spotlight. Tell us about your achievements and it could be you on the winner's podium.

Enter online today
www.chemistanddruggist.co.uk/awards

In association with

NPA National Pharmacy Association

Making a difference is all the encouragement you need, says David Smith. **Tom Hawkins** met C+D's MUR Champion of the Year 2008

Reluctant hero

C&D AWARD WINNER

David Smith sits in a plastic chair in the consultation room at Peak Pharmacy's Dronfield branch, his elbows resting on the plywood board bolted to the wall as a makeshift desk. Above his head are whitewashed shelves cluttered with items that allude to the room's previous life as a store cupboard, as well as lever arch files documenting hundreds of MURs.

From these humble surroundings, a determined David has taken MURs from 'dog's dinner' to 'fine art' in the space of three years. Last June, his efforts were recognised when he was named MUR Champion of the Year at the C+D Awards: an accolade he had to be encouraged to enter and one that he accepted with more than a little humility.

"I'm just doing my job. There are hundreds of pharmacists doing the job as well if not better than I am. I was just lucky," he says.

David's success with MURs did not come easily. Following the introduction of the new contract in April 2005, Peak Pharmacy encouraged its branches to get the advanced service off the ground and Dronfield quickly received accreditation in May. Like many other pharmacists in the area, however, David found the first consultation a difficult hurdle to overcome. The local consensus was that MURs were very clinically based, which led David to question his credentials.

Encouragement was not forthcoming from the local GP community either, despite David sending them a letter that explained his plans for the service. "I had no response whatsoever from any of them," he says.

David says the GPs' apathy was not down to poor relations but that MURs were considered additional work. However, he knew the value of having doctors on board and was determined not to let their reaction overshadow his efforts. "I took the view, the GPs are not interested – I'm going to show them they can be of value."

Indeed, the lack of support only served to ignite David's formidable competitive spirit (he has completed a marathon on every continent in the fastest ever aggregate time), and the hurdle of the tricky first MUR was cleared in September.

By March 2006 he had notched up 30 reviews, but he concedes the service was still far from a slick operation, with his efforts driven by enthusiasm rather than a clear strategy. Around two-thirds of patients failed to show up for pre-booked appointments and some consultations took so long he ended up completing them in his lunch hour.

To provide relief, the store put an SOP in place so that staff could give out scripts and P meds. In addition, David called on his more experienced staff to provide additional support, with Kay Howarth-Cottam completing an accuracy checking technicians' course.

David Smith file

Name: David Smith

Pharmacy: Peak Pharmacy, Dronfield

Award won: C+D MUR Champion of the Year 2008

Award entry: The judges were impressed that David did not let obstacles such as a busy pharmacy and less than perfect facilities stop him providing an "exemplary" MUR service that involves the whole pharmacy team.

The strategy paid off. In the year to April 2007, David completed 250 MURs, focusing on patients with fewer meds and conducting them at times when the shop was quieter. He also quickly learned that asking patients whether he could undertake a medicines use review with them was unpopular, with just 50 per cent likely to take up the offer. The pitch, therefore, changed to a more approachable "have you got five or 10 minutes to quickly discuss your meds?", and patients responded accordingly.

He says: "Looking back, that was wrong – using the term MUR. A lot of patients couldn't understand it."

By November 2007, David comfortably hit the 400 maximum target. Today, with monthly script volumes up to 13,000, he has done 900 MURs and claims to count the negative reactions on one hand won the GPs round.

And, far from being motivated to hit targets, David's competitive nature means he thrives on improving the service and building the numbers. But, unsurprisingly, that's not where his real conviction comes from.

"Making the difference to a patient gives you the impetus to do more. If you're not making a difference then it's a waste of time. This service, it does make a difference."

On the mend

Recent developments in the woundcare sector make ever-increasing promises to the first aid shopper. **Lesley Ribbens** asks whether they are worth the investment and **Sarah Cockbill** FRPharmS gives her expert opinion

Vinegar and brown paper, that's all Jack's mum had to mend his broken crown. But the first aid sector has come a long way and recent years in particular have seen some significant developments, helping distressed customers while boosting profit margins on the woundcare shelf.

Spray-on stop-bleeding products

These came to market in 2003 when the Seal.On brand was launched by Alltracel. The new range included what was then an innovative, handy little can of fine white powder offering to stem the flow of blood from minor cuts before it could ruin the carpet or make the faint-hearted pass out. A raft of similar products has joined the product on shelf, with big brands such as Elastoplast and TCP including one in their portfolio.

Does it work?

Sarah Cockbill says: "These products contain either an alginate salt or oxidised cellulose and act by clotting blood at the skin surface. They are useful for the treatment of superficial wounds such as grazes from sports injuries, but should never be used on deep wounds or those with significant bleeding. Medical advice should be sought in these circumstances."

Anti-scarring plasters

These include Elastoplast's Scar reducer patches and Savlon's alginate dressings. The former can be used on fresh wounds or existing scars and claim to give positive visible results within eight weeks of consecutive use and some noticeable changes after four. But it doesn't come cheap, with three weeks' supply costing in excess of £20.

Savlon's alginate dressings are designed for lightly weeping or bleeding wounds. They prevent the wound from drying out, which means it heals without forming a scab, thereby helping to reduce scarring. For the consumer the cost works out at around 85p per plaster.

Does it work?

These products utilise the concept of moist wound healing, which has been with us since the late 1960s. By keeping the wound moist, an ideal microenvironment for healing is created at the skin surface and the cells involved in the healing process can migrate to the wound area more easily than if there is a scab present. Scarring is a complex area of wound healing which is the subject of ongoing research. It is known that the simple use of a plaster to cover a wound will not prevent the production of a scar but may reduce its visual effects."

Silver

This was first used clinically more than 100 years ago. It has antibacterial effects making it useful for treating infected wounds. While numerous manufacturers produce silver dressings for use on more serious wounds, it is Elastoplast that has cornered the first aid sector in this respect.

Various formats are available, with prices starting at around £1.79 for 10 fabric plasters.

Does it work?

SC: "Nano-crystalline technology has enabled silver to be incorporated into many different types of dressing formulations. However, unless there is a diagnosed infection present in the wound, there can be little justification for using an antibacterial substance as routine. Bacterial resistance to silver has already been observed.

"One product describes the silver used in their formulation as 'natural', which is an unusual way of describing a metallic element. They also claim that the product will prevent scarring and improve the healing rate by up to 50 per cent. There is evidence that silver does have a beneficial effect on the healing rate of burns but there have been insufficient randomised, controlled trials to support this claim for other types of wounds."

Promoting healing

Savlon's Advanced Healing Gel is the only product of its kind in the UK's first aid sector. It claims to promote healing and reduce the likelihood of scarring. With a retail price of just below £4 for 50ml, the hydrocolloid formulation is said to create optimal healing conditions and accelerate cell renewal. The product has gone down well with consumers and won the kids' health category in the Product of the Year Awards 2009 earlier this month.

Does it work?

SC: "Again, this utilises the concept of moist wound healing by preventing the skin surface from drying out. It has been proven that this does decrease scab formation and increase the rate of healing as previously described. These materials will be most effective in superficial cuts, grazes and burns."

> "The simple use of a plaster to protect a wound will not prevent a scar but may reduce its visual effects"

Minor burns

Simple soothing lotions or creams for minor burns or sunburn were improved upon with the arrival of several newcomers last year. From Thornton & Ross came Acriflex cooling burns gel and Care Afterburn Sunburn Rescue, both based on osmosoft or OSMO4 technology developed by Medisoft Dermatology and exclusively licensed for sale in the UK by T&R. It claims to offer skin calming, disinfecting, re-hydrating and anti-inflammatory properties.

The Acriflex product is said to provide relief while killing bacteria and hydrating the skin to minimise scarring. It retails at around £4 for a 30g tube. The Care Afterburn product claims to treat and repair sun damaged skin and has a price tag of almost £10 for 75g.

Savlon also added a sunburn treatment in a foam spray. Containing dexpanthenol to accelerate cell renewal, the foam can be applied without touching the skin. It costs consumers around £7 for 150ml. It triumphed in the suncare category in the Product of the Year Awards.

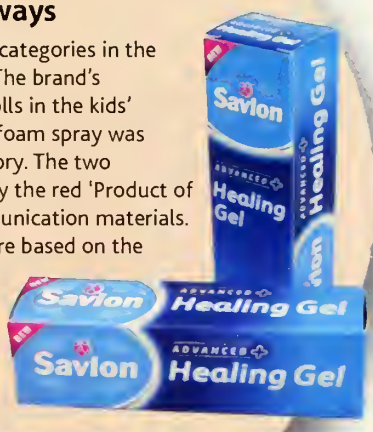
Does it work?

SC: "These preparations frequently have dexpanthenol in concentrations of up to 2.5 per cent w/v as a humectant, emollient and moisturiser in their formulations. Their application also has a cooling effect, which is beneficial. However, it is important to emphasise that these materials should only be used for minor burns. Often the same efficacy can be achieved by cool bathing and application of cold cloths."

Sarah Cockbill is a teaching fellow at Cardiff University's school of pharmacy. She has a research interest in wound management

Products

Savvy Savlon's winning ways



First aid brand Savlon has won two categories in the recent Product of the Year awards. The brand's Advanced healing gel topped the polls in the kids' health category while the Aftersun foam spray was named winner in the suncare category. The two products now have the right to carry the red 'Product of the Year' logo on pack and in communication materials.

The Product of the Year awards are based on the results of a national survey of more than 12,000 people carried out by market research company TNS.

Novartis Consumer Health
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Survival guide PART ONE

How to ride the recession

CREDIT CRUNCH SURVIVAL GUIDE

In the first part of a new series, Day Lewis CEO **Kirit Patel** reveals how he survived the last recession and how you can survive this one

For those who haven't gone through a recession, I can tell you it is one bumpy ride and this one is going to be no different. The International Monetary Fund's (IMF) chief economist says 2009 will be the world economy's worst year since 1945.

The IMF predicts Britain's economy will be the worst performer among big industrial nations, contracting by 2.8 per cent. Many businesses will fall and people will go bankrupt. People will lose jobs by the thousands. Values of businesses will plummet and so will the value of houses. The only difference this time, and compared to the late 80s, is that the interest rates are lower and are expected to go down further.

UK industries will be hit hard, as will the service and banking sector. Unemployment will go beyond three million by next year. This will undermine consumer confidence, which in turn affects the local economy. Pharmacy may be more resilient to the downturn as far as prescriptions are concerned, but we will have a major dip in counter sales. The government is pumping so much cash into the economy that it will sooner or later seek to recover and pharmacy has always proved to be an easy pick.

> "We dismantled the monster we had created!"

I am not a prophet of doom; on the contrary, I am an optimist, but also a realist. I experienced the last recession and managed to survive while a lot of my friends with bigger businesses than mine went bust. Some even lost their homes. There are always lessons to be learned from one's experiences and let me share mine with you. I hope these will help you ride the storm.

From humble beginnings

It was in 1975, with the help of NatWest Bank and some friends, that I acquired my first two pharmacies in Tunbridge Wells in partnership with my brother. We had no business training or experience. But running a pharmacy in those days was easy. The margins were good and competition was much less than it is now.

One of the things that influenced my life then was a book called Think and Grow Rich by Napoleon Hill. It advocated a philosophy of positive mental attitude and going after what you desired in a positive manner. I wanted many pharmacies and started buying up one pharmacy after another and by 1986 owned 32 pharmacies after borrowing money from various banks.

It was at this time we started to lose control of our business. It seemed our right hand did not know what our left was doing! It was difficult to pay bills on time and the bank overdraft seemed to be going up and up. I didn't understand accounts and couldn't read a balance sheet. Management accounts were non-existent in our company. We were very highly leveraged and our bank interest rates were creeping up past 15 per cent. We knew something was drastically wrong, but didn't know how to fix it.

Back to business basics

In 1986 I started a two-year part-time MBA course and related the academic learning to my business. It became apparent we had to correct our pyramidal management structure into one that was flat. Bad news was never reaching us and yet the good news was coming up like lightning. We had neither financial control nor any management control. The company did not create budgets or forecast, nor did we benchmark our performance against other companies in our sector. Our accounting was what is generally known as 'shoe box accounting', where you put all your paperwork into a box and send it your accountants to prepare the final accounts some months after the year end.

In the last recession, we were slow to react. When we finally started running out of money we started selling our pharmacies. From 1988 to 1990 we sold 24 pharmacies, one at a time, until we were left with eight. We shut down our head office and got rid of all middle managers and went back to running our own pharmacies. We dismantled the monster we had created!

I learned leverage is good on the upturn economy, but you can lose your pants on the downturn. My warning to anyone who has borrowed heavily is to act now and divest some business to reduce debt unless you are sure you generate enough cash to meet your obligations.

I would urge all pharmacy owners to go on an efficiency drive and go for organic growth. Maximise your MURs and professional income while going through the business carefully to trim out any fat. Focus on your existing business and don't be tempted to buy more pharmacies until the situation improves.

Cash is king

Remember, remember, cash is king! Track cash, and not just profit, in the next year or two. Many a profitable business goes bust as it runs out of cash and pharmacy is no different. Make sure your business is generating

Kirit's Credit Crunch notes

- Britain's economy will be the worst performer among the big industrial nations
- [illegible]ses will fail, people will go bankrupt and business and [illegible] values will plummet
- [illegible] will be steady but OTC sales will see a major dip

enough interest cover. You must have your finger on the pulse – it is imperative to have at least a 12-month cash flow forecast and compare actual monthly results to track deviations. If there are large exceptions then you must take corrective action or you run the risk of running out of cash. There are simple Excel spreadsheet models that can help – or ask your accountant to help. It is a small price to pay to protect your business.

Running a business without proper management accounts and KPIs (key performance indicators) is like driving a car with no dashboard instruments – dangerous. Each month you must create management accounts and compare with forecast.

Keep a tight control on all expenditure – and don't carry excess stock. With twice a day delivery from wholesalers, it's worth managing inventory on a just-in-time basis. Bank the cash and avoid losses through out of date medicines; keep cash in reserve and don't be tempted to make any capital expenditure at the moment. Those who ride out the recession and have cash will find many bargains, so focus on your core business and sell off all peripheral businesses.

The commercial property market is going to fall drastically as more and more properties become empty and rentals drop. Stock markets too will start going down as more companies announce poor results.

Many companies make a mistake of cutting back on marketing and training. I believe this is a mistake. Successful pharmacies will be the ones that focus on clinical areas and at the same time train their staff to provide better customer service. This period can also be used for self-improvement and to acquire better business skills.

Invest in your people

At business school I learnt businesses have a culture and it is important to adopt the right one. I learnt people are the unrecognised and unparalleled resource of any business. At Day Lewis we now own 165 pharmacies and employ 1,300 people. Our staff are our core assets and we have Investors in People accreditation. We do our utmost to support and empower our staff and encourage teamwork.

People development – whether you have three or 3,000 staff – is paramount! Remember pharmacy is a service industry and it is the people in the organisation who deliver the service. Academics are right when they say that it is only well trained and motivated people that can provide the best service. Would you go back to a restaurant if you had bad service three times, no matter how good the food? Pharmacy is no different!

We have set up staff forums to listen to the needs of the people working at the coal face. Communication in any organisation must be two-way if you are not to repeat the mistakes made in the last recession. Invest in technology because it helps to drive up efficiency. I am astounded to see how many pharmacy businesses do not have EPoS tills. The data from electronic tills is invaluable in keeping stock levels down, identifying slow moving lines and helping reduce pilferage. Computerised accounting is very simple and can give valuable reports on the state of the business at the touch of a button. Have a company website: it helps market your business.

Finally, when the time comes to expand and grow your business, learn to hand over the keys. Trust and empower others to run your business. Learn to manage the people – and let people manage your business. Have a clearly defined mission, objectives and a strategy to achieve success. Think positive and stay focused on your core business and have as much understanding of your business as you can. Good luck!

Kirit's Credit Crunch tips

- **Maximise MURs and professional income**
- **Track cash, not just profit – have a 12-month cash flow forecast**
- **Don't cut back on training – your staff are key to your future**

Coming up: C+D's Credit Crunch Survival Guide will reveal how to increase sales of health and beauty products by 20 per cent, the secrets of Co-operative Pharmacy's success with pet medicines, details of a little-known loan from the taxman and more!

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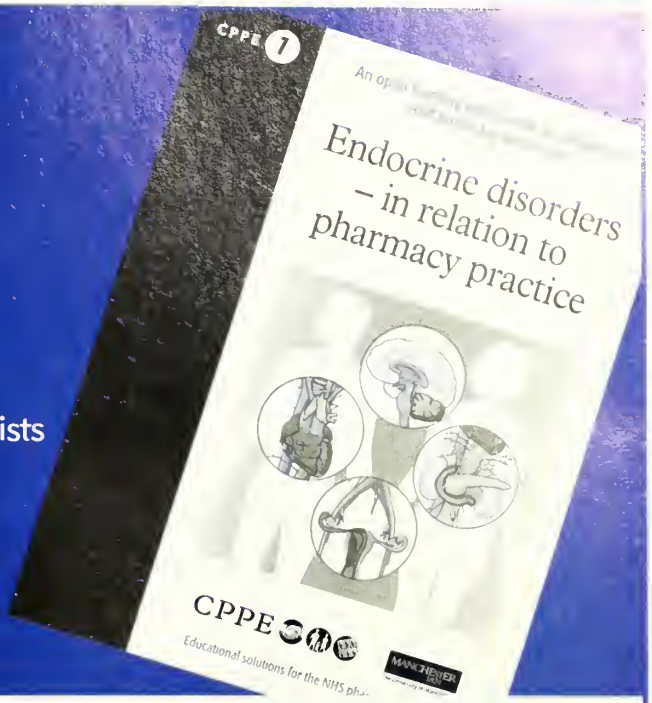

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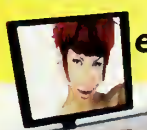

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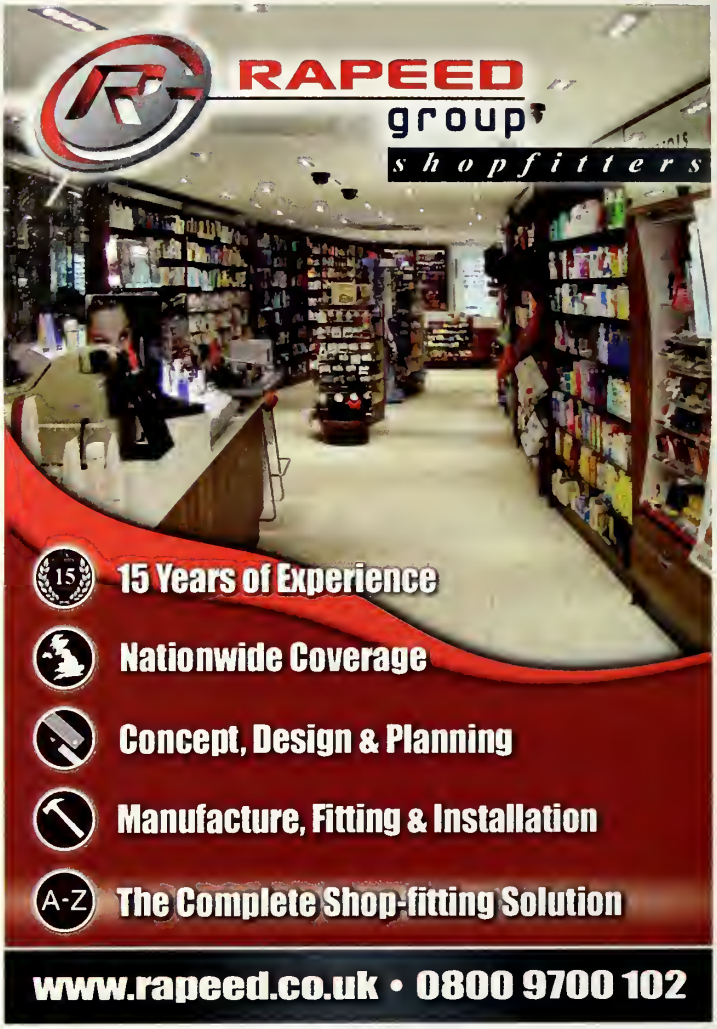

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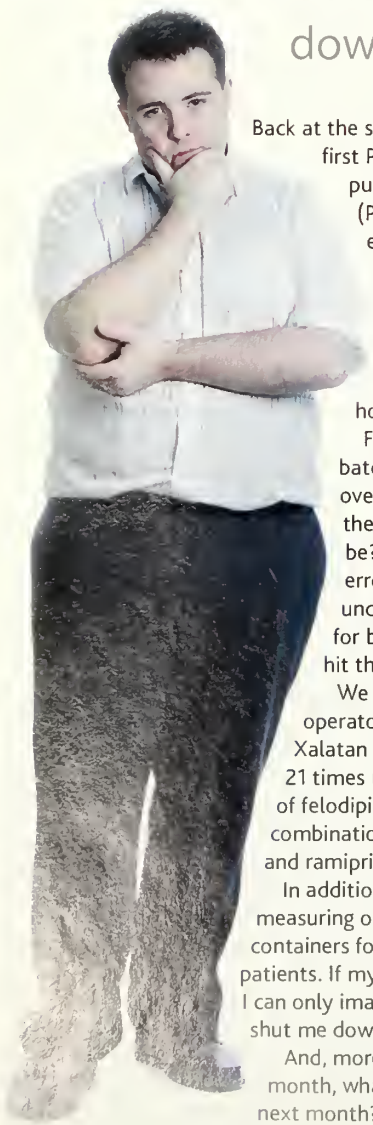
postScript

Open Mike — Mike Hewitson

The not-so-secret diary of a new pharmacy owner

Mike Hewitson is a glutton for punishment. In the midst of economic downturn and with first-time fatherhood looming, he bought his first pharmacy in deepest, darkest Dorset – 100 miles from his former home in Cheltenham. In this regular column, follow Mike's fears, frustration's and step-by-step successes as the new owner of Beaminster Pharmacy.

"If my error rate was as high as the PPA, I can only imagine my PCT would have shut me down long ago"



Back at the start of the month we received our first PPA payment. Because of the publicity surrounding PPA (Prescription Pricing Authority) errors in the recent past, and because it was my first full payment, I asked the PPA to manually check our prescriptions. And guess what? It was full of errors, although not the kind I'd hoped for!

Following an extensive check of our batch it was found that we have been overpaid to the tune of 1 per cent of the total payment. "How could this be?" I asked incredulously. "Human error," the PPA replied. "Operators are under a lot of pressure to meet targets for bonuses." Needless to say, my jaw hit the floor.

We had been overpaid because the operator had put the wrong quantity of Xalatan and Xalacom into the system – 21 times (equivalent to £250). Instead of felodipine, I had been paid for a combination product containing felodipine and ramipril (£87).

In addition, I had been refused payment for measuring out methadone into separate containers for weekend supplies to help my patients. If my error rate was as high as the PPA, I can only imagine that my PCT would have shut me down long ago.

And, more to the point, if I was overpaid this month, what's to stop me being underpaid next month?

On-screen chemistry

Seen pharmacists on the telly? Email postscript@cmpmedica.com

PostScript called for your examples of TV pharmacists, and the profession has answered. Step forward Mort Goldman, cartoon chemist in hit show Family Guy (with thanks to PostScript reader Stella Shaw).

Mort is a Stat Com just waiting to happen. He chases deaf people out of his shop with a broom, sells vats of vomit-inducing ipecacuanha syrup for fun and even accepts daughters as payment. And as if running a dispensary with flagrant disregard for law and ethics didn't keep him busy enough, he lists his hobbies as bowling, medieval jousting and hanging out with actress Jennifer Love Hewitt.

Other readers have pointed to a sketch from the Micallef Programme, which reveals the struggle of day-to-day practice. "When a prescription comes in," explains the pharmacist, "we have to type the patient's name on a label. Traditionally we use two fingers and try to complete the task in 10 to 15 minutes". If only they knew...

Any more fictional pharmacists? Email postscript@cmpmedica.com

Painting community links

A group of Boots pre-registration students has taken time out from pharmacy to give back to their local community.

The Northern Ireland group of seven painted a bedroom and bathroom at a local women's shelter, and took along toiletries, cleaning products, clothes and toys for the use of those who seek support there.

The day was part of the students' community investment project – an element of their training – and was sponsored by Lisburn's The Paint Centre, which also provided the decorating materials.

Pre-regs's Jayne Johnston, Niamh Gallagher, Niamh Wishart, Kathy Kelly, Sheena Cameron, Orla Geoghegan and Aislinn Grant said: "A great day was had by all and the project provided an opportunity for us to develop relationships within the local community."

Web comment of the week

C+D campaign uncovers hard evidence of Cat M devastation
Posted by Charles Caller on 10/02/2009, 10:23

"It's not just **Cat M**. The direct-to-pharmacy scheme discounts are **significantly** less than the **clawback** discount in this busy dispensing factory. This whole **remuneration** scheme **doesn't** work for me"

Have your say on C+D's website
register for free at www.chemistanddruggist.co.uk/register

What have you and your team been up to lately? Let us know and send us your photos. Email postscript@cmpmedica.com

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